

**SERVICE VERIFICATION FORM**

**Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Organization you are serving with:** \_\_\_\_\_

**Contact at organization:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Description of service activity:** \_\_\_\_\_

**Approval of Service** *(needs to be signed by Leduc Center for Civic Engagement faculty/staff prior to start of service activity)*

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Date	Activity	Hours	Supervisor Signature

