Verification of Service Hours
To be filled out and turned in to Bryan Hall room 232 by the end of the semester when service has been completed.

Student Name _________________________________________________________________

UF Email _______________________________  UFID ____________________________

Please write a paragraph describing what you learned by doing this service:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

TO BE COMPLETED BY AGENCY WHERE SERVICE WAS PERFORMED

Name of Non-Profit Agency where service was performed:
___________________________________________________________________________

Name of agency volunteer supervisor: _________________________________________

Signature, date and telephone number of agency volunteer supervisor:
___________________________________________________________________________

Total number of service hours completed: ___________

I affirm that the information on this form is correct:

Signature of Student ____________________ Date ___________ Telephone ___________