



NATIONAL PAN-HELLENIC  
COUNCIL

## Community Service Verification Form

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\_\_\_\_\_ is responsible for performing \_\_\_\_\_ hours of community service.  
(Organization Name)

Location: \_\_\_\_\_ Date/ Time: \_\_\_\_\_

Name of Members Present:

Purpose of event:

Description of duties and work completed and/or money raised:

Chapter Contact Name/Phone Number: \_\_\_\_\_ / \_\_\_\_\_

\*Must be turned in to the Vice President of Conduct & Recruitment within three (3) business days of your event  
\*If this is considered continuous service, please fill out once a semester and include all future dates and times.

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## Agency Verification

I certify that \_\_\_\_\_ performed \_\_\_\_\_ hours of community service hours.  
(Organization Name)

\_\_\_\_\_  
(Agency Representative) Please Print

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(Email)