



Service Hour Verification Form

Student Name: _____ YOG: _____

Name of Organization/Agency: _____

Organization/Agency Contact Person: _____

Contact Phone: _____ Contact e-mail: _____

Dates of Service: _____ Total Hours of Service: _____

Briefly describe the nature of the service completed by the student:

Contact Signature: _____ Date: _____

Student Signature: _____ Date: _____