



SERVICE HOURS VERIFICATION FORM

Name of Agency _____

City/State: _____

Please describe your service activities: _____

Service Done As: Individual (was this an internship? Yes No) Group (fill below)

GROUPS ONLY

Circle which ONE applies: Athletics Break Trip Campus Organization Residential Life
 SPO-Led Service Learning Courses Work Crews Other _____

Course Title, Group, or Crew Name: _____

Supervisor/Instructor/Leader: _____

STUDENT NAME & ID NUMBER	DATE OF SERVICE	TOTAL HOURS

FOR MORE SPACE/LARGE GROUPS, PLEASE TURN OVER AND COMPLETE BACK

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TO BE COMPLETED BY THE AGENCY REPRESENTATIVE or WWC FACULTY/STAFF

As an official representative of the named agency and/or faculty or staff member of Warren Wilson College, I verify that the student(s) listed engaged in satisfactory volunteer service.

Name (Please Print) _____ Title _____

Supervisor's signature _____ Date _____

STUDENT NAME & ID NUMBER	DATE OF SERVICE	TOTAL HOURS

Return this form to: WWC Service Program; Campus Box 6326; P.O. Box 9000; Asheville, NC 28815-9000
(828)-771-3065 (phone) (828)-771-3052 (fax)

SERVICE PROGRAM CREW ONLY: Vehicle # used: _____ Starting mileage: _____ Ending mileage: _____ How many signed up? _____ How many canceled in advance? _____ How many no shows (without communication)? _____ Pre-Trip Safety Orientation Completed <input type="checkbox"/>
