



SERVICE PROGRAM

# SERVICE HOURS VERIFICATION FORM

Name of Agency \_\_\_\_\_ City/State: \_\_\_\_\_

Is it a non-profit or a governmental organization?  Yes  No

If not, please explain why this counts as service: \_\_\_\_\_

Please describe your service activities: \_\_\_\_\_

\_\_\_\_\_

Service Done As:  Individual: 1) Was this an Internship?  Yes  No 2) Research?  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**

### 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