

LEAD Scholars Program
LEAD Student's Association
SERVICE HOURS VERIFICATION FORM

Student Name: _____ Year: 1st or 2nd PID: _____

Service Project Start Date: _____ Service Project End Date: _____

Service Project Title: _____

Service Agency: _____

Number of Hours Completed: _____

A) Please provide of brief description of the service performed.

B) Please answer these questions in regards to the service you performed:
What category (or categories) does your service experience represent (select most appropriate)?

<input type="checkbox"/> Youth & Education	<input type="checkbox"/> Mental and Physical Health
<input type="checkbox"/> Alternative Spring Break	<input type="checkbox"/> Hunger and Homelessness
<input type="checkbox"/> Animals	<input type="checkbox"/> Campus Leadership
<input type="checkbox"/> Environment	<input type="checkbox"/> Social and Justice
<input type="checkbox"/> Gender Issues	<input type="checkbox"/> Other (Describe) _____
<input type="checkbox"/> Spiritual Leadership	
<input type="checkbox"/> Elderly Awareness	

C) Please circle the response that best answers the following question:

I feel that I positively impacted the community as a result of my volunteer experience.
Strongly Agree Agree Disagree Strongly Disagree

I learned more about my leadership skills as a result of my volunteer experience.
Strongly Agree Agree Disagree Strongly Disagree

D) Student Information:

Student Signature: _____ Phone Number: _____

Student E-mail Address: _____ Date: _____

E) Agency Information:

Authorized Agency Signature: _____ Phone Number: _____

Print Name: _____ Position: _____

Authorized E-mail Address: _____ Date: _____

Community service hours performed during Winter Break and/or Summer Break will not be counted

OFFICE USE ONLY:

LSA Board Signature: _____ Date: _____ _____ Experiment

Instructor Signature: _____ Date: _____ _____ Service Page