



**ALVERNIA**  
**UNIVERSITY**

**COMMUNITY SERVICE VERIFICATION FORM**

Please fill out and return to Campus Ministry when you finish a service project.

Your name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_ Date(s) of Service \_\_\_\_\_

Name of Non-Profit Organization: \_\_\_\_\_

Total number of service hours completed for this specific event: \_\_\_\_\_

Brief description of the service you performed and your experience/reactions:

---

---

---

---

---

---

Name of Supervisor: \_\_\_\_\_

Phone number of Supervisor: \_\_\_\_\_

Email of Supervisor: \_\_\_\_\_

\*If you have any questions about this form or about service, please contact the Office of Campus Ministry, Center for Student Life, 610-796-8300

**Please turn in this completed form to Campus Ministry**