



ALVERNIA
UNIVERSITY

COMMUNITY SERVICE VERIFICATION FORM

Please fill out and return to the Holleran Center when you complete 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:

Brief description of 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 Holleran Center for Community Engagement, Bernardine Hall 1105, 610-796-5509

Please turn in this completed form to the Holleran Center for Community Engagement