Verification of Service Hours
Complete this form and include with your submitted materials to complete each level of the Designation Program

Student Name: ________________________________________________
UAkron Email: _________________________________________________

Level ______________________
(identify which level of program you are completing: I, II, or Advanced)

Please write a paragraph describing what you learned by doing this service:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

I affirm that the information on this form is correct:

Student Signature: _____________________________   Date: __________________________

TO BE COMPLETED BY AGENCY/AGENCIES WHERE SERVICE WAS PERFORMED

Name of Non-Profit Agency where service was performed:
__________________________________________________________________________

Name of Agency Volunteer Supervisor: _________________________________________

Signature, date and telephone number of Agency Volunteer Supervisor:
__________________________________________________________________________

Total number of service hours completed: _____________________

I affirm that the information on this form is correct:

Student Signature: _____________________________   Date: __________________________