



UNIVERSITY OF CENTRAL FLORIDA

FRATERNITY AND SORORITY LIFE

Student Union 154 407-823-2072 FAX 407-823-2929
Forms available online: www.greeklife.sdes.ucf.edu

DATE STAMP HERE

Community Service Verification Form

Submit all completed forms with your Standards of Excellence packet in December.

In order to receive credit for your community service activity, 75% of your chapter has to be present. Please attach program sign in sheet of members attending or confirmed members attending from agency.

Greek Organization: _____

President Name: _____ Phone: _____

Community Service Agency/ Organization: _____

Agency/Organization Contact: _____ Phone: _____

Email: _____

Community Service Event: _____

Date: _____ Begin Time: _____ End Time: _____

Hours Completed: _____ # Members Attended: _____

Description of service performed:

Name of Chapter President: (print) Signature: _____ Date: _____

Name of Chapter Advisor: (print) Signature: _____ Date: _____