Student Voluntary Services Referral Community Service Hours Verification, Ball State University

Volunteer Name					Volunteer Phone #	
# of hours to be completed		# of hours actually completed			Date to be completed by	
Reason for service (Please circle one):		Voluntary		Course	Student Organization	Judicial
Date	Name of Agency or Event	Time in	Time Out	Time Out Hours worked Agency Representative Signature		
	Students must have Age	ency fill out this	portion upo	n completion o	f service before hours will be lo	gged.
To be filled ou			· ·	·		
	er perform satisfactorily? Y I volunteer performance)	N If N, please at	ttach explana	ation. (Please inc	clude any comments that would be	helpful in
Agency Name		Agency Phone		#		
Agency Address						
Agency Representative (please print)						