

Verification of Sport Club Community Service

I, _____, verify that the University of New Hampshire
(name of coordinator)
Club _____ has completed _____ hour(s) of
(club name)
Community service with _____.
(name of organization)

Community Service Coordinator

Sports Club Representative

Print _____

Print _____

Signature: _____

Signature _____

Date: _____

Date _____

Phone #: _____

Phone #: _____

Email: _____

Email: _____

What to put in each line:

- 1) Coordinator from the Community Service Event (or Supervisor)
- 2) Club Name (Club Softball, Judo, etc)
- 3) Total number of hours (# of members x amount of time spent)
 - a. For example, 15 members spending 2 hours at an organization = 30 hours
- 4) Name of organization

**** This Form must be filled out COMPLETELY and ACCURATELY in order to be accepted.****