ΦΘK BKΔ

Volunteer Verification Form

Student Name: _____ PTK ID # _____

Volunteer Service Date: _____

Location: _____

Time: _____

Name of Event: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email of Organization: _____

Organization Supervisor Signature: _____

Description of Service:

_____

_____

_____

Total Hours: _____

Return Form to VP of Service

Note: Please make a copy of this form to attach to your scholarship application if you are applying.

Faculty Advisor Signature: _____