AGS Volunteer Hours
Verification and Affidavit

_____ Last Name (print)

_____ First Name (print)

_____ Student ID

Number of hours	Date of service	Name of organization receiving volunteer service	Type of activity	Name of verifier (please print)	Signature of verifier	Phone number of verifier

By my signature below, I solemnly declare that I have complete _____ hours of volunteer work as indicated above in order to complete the requirement of Volunteer Service Hours for *Active* Membership in Alpha Gamma Sigma for the _____(Fall or Spring) semester of ____(year).

Signature_____ Date _____

This sheet is your responsibility. Take care of it. When completed, make a photocopy to keep for your own records before turning it in.

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For AGS Official Use Only: Verifier contacted on _____(date) who confirmed that above volunteer work was completed as stated. Signed _____ date _____