

LEAD Scholars Academy
SERVICE HOURS VERIFICATION FORM

Student Name: _____ Year: 1st, 2nd, 3rd/4th UCFID: _____

Service Project Start Date: _____ Service Project End Date: _____

Service Project Title: _____

Service Agency: _____

A) Please provide a detailed description of the service completed and the amount of time spent doing each task.

Task	Hours
<i>Ex: Helped set up for the event</i>	<i>1 hour</i>
<i>Helped during the event by running a ping pong game</i>	<i>3 hours</i>
<i>Helped take down the event</i>	<i>1 hour</i>
(Each task should go in a separate box)	-

E) Agency Information (This section is to be filled out by the agency representative **ONLY**)

Number of Hours Completed by student: _____

Print Name: _____ Position: _____

Authorized Agency Signature: _____ Date: _____

Authorized E-mail Address: _____ Phone: _____

Community service hours performed during Winter Break and/or Summer Break will not be counted

Student Signature _____ Date: _____

Print Name: _____

**** Please note that agency supervision forgeries or providing false information on this form will result in an academic integrity violation and notification to Student Conduct. ****