



Greek Affairs Civic Engagement Verification

Greek Organization

Type of Civic Engagement Event (i.e. Community Service, Philanthropy, Public Interest, Advocacy or Educational Program)

Description of Event or Activity

Location, Date, and Time of Event or Activity

Primary Contact for Service Agency (Name, e-mail address, phone number)

Number of Members Participating
(Please attach a list of all members who participated including net ID or Student ID)

Number of Total Hours Completed or Dollars Donated

Service Agency or Participating Organization Verification

To be completed by a representative of the service agency or participating organization.
Please verify the above information is complete and indicate accuracy with your signature.

Service Agency Representative

Title

Signature

Date