



**Fraternity and Sorority Life
Civic Engagement Verification - Individual Member**

This form is for members who have completed multiple events on their own in a month.
If they participated in chapter events please include their information on the "Civic Engagement Verification - Chapter Event".

Member Name: _____

NetID: _____

Fraternity or Sorority

Type of Civic Engagement

Description of Event/Activity

Date: _____ Total Hours: _____

Service/Agency Contact

Name: _____

Agency: _____

Phone: _____

Email: _____

Description of Event/Activity

Date: _____ Total Hours: _____

Service/Agency Contact

Name: _____

Agency: _____

Phone: _____

Email: _____

Description of Event/Activity

Date: _____ Total Hours: _____

Service/Agency Contact

Name: _____

Agency: _____

Phone: _____

Email: _____