

EPSILON CHI CHAPTER

COMMUNITY SERVICE VERIFICATION FORM



Updated May 23, 2016

Instructions: Complete this form and turn it in to the EY Center or directly to the Technology Administrator. Incomplete forms will not be accepted.

MEMBER INFORMATION

Last Name

First Name

Middle Initial

School Email

Total Hours Volunteered

ORGANIZATION INFORMATION

Organization Name

Street Address

City, State, & ZIP Code

Phone

Contact Name

Contact Phone

I swear that the above information is true & correct. I understand that falsification of this information could lead to the above member's removal from Beta Alpha Psi.

X

Beta Alpha Psi Member

X

Supervisor