



IGNATIAN SERVICE VERIFICATION FORM

PARTICIPANT INFORMATION

Name of Participant: _____

Participant Grade Level: _____

Phone: _____ Email: _____

ORGANIZATION INFORMATION

Name of Organization: _____

Address: _____

COMMUNITY SERVICE ACTIVITY

Start Date of Service: _____ End Date of Service: _____

Hours Completed: _____

Type of Service (Circle One): **Direct Service / Advocacy & Social Justice /**
Community Engagement / Global Engagement / Environmental Stewardship

Location of Service: _____

Description of Service: _____

SUPERVISOR INFORMATION

Supervisor Signature: _____ Date: _____

Print Name: _____ Title: _____

Phone: _____ Email: _____

XAVIER APPROVAL

SIGNATURE: _____ DATE: _____