

Service Hour Validation for Groups/Organizations

Service Site/Agency: _____

Service Site/Agency Contact Person: _____

Service Site E-mail address: _____ Dates of service: _____

Term: Fall Winter Spring Summer

Full Name Of Participant (as seen on On-Track)	E-mail (@elon.edu)	Student Organization (if applicable)	Hours Of Service

I hereby certify that the service listed was completed by the students listed above.

Signed: _____ (Service Site / Agency Representative)



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