



**University of Tennessee-Chatanooga**  
**Sports Clubs**  
**Community Service Verification Form**

Club: \_\_\_\_\_

Date of Community Service: \_\_\_\_\_

Location: \_\_\_\_\_

Service Provided: \_\_\_\_\_

Number of Members In Attendance: \_\_\_\_\_ Total Hours Provided: \_\_\_\_\_

Name (Please PRINT Legibly)	
1	11
2	12
3	13
4	14
5	15
6	16
7	17
8	18
9	19
10	20

I certify that the above list and hours worked is valid.

Club Officer Signature: \_\_\_\_\_ Office Position: \_\_\_\_\_

I certify that the above information is accurate to the best of my knowledge.

Service Program Administrator Signature: \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_\_