

Community Service Hours Verification

Student Name:		UB Person Number:			
Major(s): Minor(s):					
Students selected for the Daniel Acker S of community service each semester. The activity each semester that will help you service activity on their own will need to	ne Daniel Acker a	Scholars Programement. Students	n staff will arrar who participate	nge a large group in a community	ours
Please provide the name of the agency Record your hours below and provide coactivity. Please make sure to have the coactivity.	ontact informatio	n for the person	who oversees the	his event/service	
Name of Event/Organiztion	Day/Date	Start Time	End Time	Total Hours	
Event Description					
Community Service Organ	ization Cor	ntact Inform	nation		
Name:		Title:			
Organization:		Phone:			
Address:		Email:			
By signing this form, I verify that the abo service activity with our organization.	ve named stude	nt has participat	ed in a voluntee	er/community	
Signature:					
Please return this form in a sealed enve	lope to: Graduat	e Assistant, Dan	iel Acker Schola	ars Program,	

Community service and workshops will be documented on the Daniel Acker UBLearns Grade Book within two business days of submission (except during vacation and holiday periods).

Cora P. Maloney Center, University at Buffalo, 255 Capen Hall, Buffalo, NY 14260