GSO_____

STATUS: (check one)

Active Member __
Inactive __
Pledge __
2nd Semester Senior __

SERVE OFFICE
Greek Volunteer Hours Report Form

Name:_____Semester_____

Social Security #_____

Box Number_____Extension or Phone_____

E-mail address_____

Please fill in your volunteer hours on the form below. There is room for six volunteer experiences. For each experience, please include the date, the number of hours, the agency, a contact person and phone number of the agency as well as the activity for which you volunteer **All information must be filled out completely in order for your hours to be recorded.**

Date	# of Hours	Agency	Contact Person/Phone	Activity	On/Off