



# ENGAGE ROCKHURST

IN THE CITY FOR GOOD

## SERVICE VERIFICATION FORM

*If you are participating in service not on Engage Rockhurst. Please complete have your service supervisor complete this form to verify your service. Submit this form when you enter your hours on Engage.*

### TO BE COMPLETED BY PARTICIPANT

Name: \_\_\_\_\_  
(as it appears on Engage Rockhurst)

Name of Community Organization Served: \_\_\_\_\_

Project/ Event Name (if any): \_\_\_\_\_

Date of Service: \_\_\_\_\_ Number of Service Hours: \_\_\_\_\_

Signature: \_\_\_\_\_

### TO BE COMPLETED BY SERVICE SUPERVISOR

Number of service hours approved: \_\_\_\_\_

Signature of supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Once completed, please upload to Engage Rockhurst or return to the Center for Service Learning.

Email: [servicelearning@hawks.rockhurst.edu](mailto:servicelearning@hawks.rockhurst.edu)

Campus Office: VanAckeren 303A

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