



Student Success Services

COMMUNITY SERVICE VERIFICATION FORM

Please have the bottom of the form filled out by the coordinator of the event.

PARTICIPANTS (please complete this section)

Your Name: _____

Name: _____ Z#: _____

Community Service Event: _____ Date of Event: _____

Name of Mentor: _____

Please read:

- To receive credit you must attend the community service event for at least two hours.
- This form MUST be submitted 1 week of the event to receive CARE credit.

TO BE COMPLETED BY THE EVENT COORDINATOR

Dear Sir/Madam:

This student is a Student Success Services program participant. He/she must have proof of attendance to this community service event. We expect that students who receive credit have fully participated in this event for at least 2 hours. Partial attendance does not meet the requirement. We would appreciate if you could please complete the information below:

Name of Event Coordinator (print): _____ Name of Organization: _____

Signature: _____ E-mail: _____

Thank you for your support!

*If you have any questions or concerns, please contact our office:

Phone no: 609-652-4407

Email: studentsuccess@stockton.edu