



Candidate's Name	Advisor	Program	Campus

Directions: Candidates complete and attach to individual community hours verification forms.

1. **Activity/Type:** Identify the type activities performed
2. **Place:** Identify town, group, etc.
3. **Responsibilities:** Explain your responsibilities during the activity.
4. **Coordinator:** Name of person(s) who coordinated the activity.
5. **Hours:** Number of hours for this activity.
6. **Total the hours for each group.**
7. **Total the hours for all activities.**

Group I: Education Related Activities - (15 hours)

Activity/Type	Place	Responsibilities	Coordinator	Hours
Total hours Group I: Education Related				

Group II: Community Related Activities - (15 hours)

Activity/Type	Place	Responsibilities	Coordinator	Hours
Total hours Group II: Community Related				

Group III: Church Related Activities - (20 hours)

Activity/Type	Place	Responsibilities	Coordinator	Hours
Total hours Group III: Church Related				
Total Groups I, II, and III:				