

## TechASM Volunteer Service Form

**Member Name:** \_\_\_\_\_ **ASM member #:** \_\_\_\_\_

**Member Email:** \_\_\_\_\_

**Member Phone Number** \_\_\_\_\_

**NOTE:**

**Volunteer Event Information:**

**Event:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Date(s) and Time(s):** \_\_\_\_\_

**Total Number of Volunteer Hours:** \_\_\_\_\_

**Event Description:**

\_\_\_\_\_  
\_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Contact Phone Number:** \_\_\_\_\_

**Contact Email:** \_\_\_\_\_

**Student Signature**

**Date**

\_\_\_\_\_

\_\_\_\_\_

Information verified by TechASM Officer:

\_\_\_\_\_ Yes \_\_\_\_\_ No (if so, why not: \_\_\_\_\_)

**Officer Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Office Signature**

**Date**

\_\_\_\_\_

\_\_\_\_\_

\*\*Please attach letter/e-mail from contact stating event date and number of hours attended.