

Event Verification Form

To verify service, please complete this form for each different event and submit with your portfolio.

Name of Event: \_\_\_\_\_ Friends of Chamber Music Concert \_\_\_\_\_

Organization: \_\_\_\_\_ Friends of Chamber Music \_\_\_\_\_

Type of Service: \_\_\_\_\_ Volunteer Concert Usher \_\_\_\_\_

Describe your service activities: \_\_\_\_\_ I handed out programs, collected surveys and entered in the data collected, I interview several guests, and I helped clean up after the concert. \_\_\_\_\_

Purpose of Event: \_\_\_\_\_ To spread the love of chamber music in our community \_\_\_\_\_

Date of Service: 10/8/2021 Start time: 6 p.m. End time: 9:30 p.m.

Total Hours: 3.5

Supervisor Information Name: Dr. Jane Stowell

Position: Friends of Chamber Music Student Volunteer Coordinator

Phone: \_\_\_\_\_

OR Email: jbstowell6@gmail.com

Signature:  Date 10/12/2021

Student Information Name: \_\_\_\_\_

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