

Iowa State University  
Office of Multicultural Student Affairs  
THE CARVER ACADEMY

## GWC Community Service Verification Form

Volunteer Name: \_\_\_\_\_

Date of service	Where did you serve?	Time served: (hour:min to hour:min).	Number of hours and minutes served.	Description of what you did during your service time?

**I witnessed that the above student has completed the community service described.**

\_\_\_\_\_  
**Signature of Contact Person**

Kimberly Hope, Manager of Volunteer Engagement, Reiman Gardens  
\_\_\_\_\_

**Name of Contact Person [Please Print]**

( 515 ) 294-8225  
\_\_\_\_\_

**Phone Number for Contact Person**