

## DSFSAG Service Verification Form

Event Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Volunteer Hours: \_\_\_\_\_

Brief description of participation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Event:

- DS walk
- Party \_\_\_\_\_
- Old to Gold
- Family Support night
- Hot dog sale
- Committee \_\_\_\_\_
- Newsletter or mailing
- Resource fair
- DSFSAG Conference
- Pre-natal awareness committee
- School outreach
- Corporate Donation Committee
- Solicit Silent Auction or Raffle Prizes
- Other \_\_\_\_\_

DSFSAG Board Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_