VOLUNTEER AND SERVICE-LEARNING PROGRAM

VSLP SERVICE INSTRUCTIONS (UPDATED SUMMER 2026)

FAMU VOLUNTEER AND SERVICE LEARNING PROGRAM

Volunteer and Service-Learning Program
Efferson Student Union & Activities
Florida A&M University
Office of Student Activities
1628 South Martin Luther King Jr. Blvd, Tallahassee, FL 32307
850-599-3400 | volunteerservices@famu.edu

Individual Service Hour Verification – Used for one location only.

Student: Complete the student information. **Service verifier:** Complete the service details and certification. Attach additional log pages if needed. **Save/upload Format:** Project Name – First Initial.Last Name – MMDDYY.

Date of Confirmation Completion: _____ | Term: ☐Summer ☐Fall ☐Spring

Student information

Full name: _____

FAMU student ID: _____ FAMU email: _____

Organization or Group/Entity Served

Name: _____

Address: _____

Website: _____Instagram:@_____

Discretion of Group Served: _____

_____

Service Project Details

Date(s) of Service Project: _____ Start time of event: _____ End time of event:_____

Total Hours of Event: _____Total Hours Awarded: _____(add up all hours awarded to all participating volunteers)

Description of service and community benefit: _____

_____

_____

_____

Service date	Start time	End time	Hours awarded	Tasks completed

Total verified hours: _____

Verifier certification (*RSO Advisor/Professional Service Verifier Information (Professional/Staff)*)

I (name listed below) certify that the student named above completed the service described and that the dates and hours recorded are accurate. I have direct knowledge of the service and may be contacted to verify this information.

Full name (print): _____ Position: _____
Work email: _____ Phone: _____
Signature: _____ Date completed: _____

Handwritten or DocuSign signature required. Typed or font-generated signatures are **not** accepted.