



Group Tracking Form

Group Information

Group Name: _____ Date of Event: _____

Contact Person in Charge for Your Group: _____

Phone Number: () _____ Email: _____

Number of your members that participated: _____ *You must use the member list on the back of this form*

Program/Event Information

Program/Event Name: _____

Agency Name: _____

Contact Person: _____ Position/Title: _____

Phone Number: () _____ Email: _____

Description of Program/Event

Explain what your group did during this Program/Event: _____

Verification

Check the appropriate type of verification:

- Agency Supervisor On-Campus Advisor Off-Campus Advisor Service Leader GIVE Staff

By signing below, I verify this service event as well as the volunteer hours listed on the back of this form are accurate.

Signature: _____

Date: _____

	Name of Volunteer/Member	GCID #	Time In	Time Out	Total Hrs.
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2					
3					
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