

Event Verification Form

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

Name of Event: DSABV Buddy Walk

Organization: Down Syndrome Association of Brazos valley

Type of Service: Cake Walk Volunteer

Describe your service activities:

Ran the cake walk by setting up and showing Participants how the game was played, passed out the treats to the Participants and collected money to ~~the~~ Participant in the cake walk.

Purpose of Event:

To join DSABV to unite for a common cause and raise funds for DSABV.

Date of Service: 10/7 Start time: 12:00 End time: 3:45

Total Hours: 3 ³/₄

Supervisor Information

Name: Mark Jackson

Position: Volunteer Coordinator

Phone: 214-906-5150

OR

Email: volunteer@dsabr.org

Signature: Mark Jackson Date: 10/7/2016

Student Information

Name: Coby Moscovitz

Signature: Coby Moscovitz