## PSI CHI SERVICE HOURS

As a member of Psi Chi, we expect you to complete **a minimum of five hours of service per semester**. Please utilize this form to document the type of duration of the activity, as well as the supervisor of your volunteer service. We also ask that you provide the signature of the person supervising your service hours. Completed service hours forms are to be turned in to the Psi Chi mailbox located in the Psychology Department office (2224 Au Sable Hall).

**Member Name:** _____

**Service Activity:** _____

**Number of Hours:** _____

**Dates of Service:** _____

**Supervisor Signature:** _____

**Member Signature:** _____

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