

Florida SouthWestern State College- Socially and
Environmentally Responsible Volunteers

Individual Service Project (ISP) Supervisor Service Certification Form

S.E.R.V. Member Name:

Individual Service Project and Date:

Time Committed to Project: _____

Activities Participated:

I hereby certify that the above information provided by the S.E.R.V. Member mentioned above is accurate and that said member has actively participated in an event that fulfilled a need within Florida SouthWestern State College or their respective community.

Supervisor Signature:

Date: _____

Supervisor Contact Information:

Name:

Address:

Phone Number: Fax:

Email: