



C.T. Bauer College of Business | University of Houston  
**Beta Alpha Psi – Gamma Delta Chapter**

## INDIVIDUAL VOLUNTEER FORM

Name: \_\_\_\_\_

Date: \_\_\_\_\_ Hours: \_\_\_\_\_

Organization: \_\_\_\_\_

Brief Description of Activity:

I certify that \_\_\_\_\_ (student's name) has  
completed the above activity for \_\_\_\_\_ hours without monetary compensation.

Event Coordinator's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_