



## COMMUNITY EVENTS VERIFICATION FORM

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

E-MAIL \_\_\_\_\_

*\*Please fill out the section below for .5 wellness point.*

Hike must be 5+ miles roundtrip with an elevation change of at least 500 ft. You may count a maximum of 2 hikes for 2 points.

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Blood Drive Location \_\_\_\_\_ Date \_\_\_\_\_

Signature of Blood Drive Official \_\_\_\_\_ Date \_\_\_\_\_

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Blood Drive Location \_\_\_\_\_ Date \_\_\_\_\_

Signature of Blood Drive Official \_\_\_\_\_ Date \_\_\_\_\_

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**OTHER COMMUNITY EVENT (Must receive PRIOR authorization from HR)**

Event Name \_\_\_\_\_ Date \_\_\_\_\_

Signature of Other Event Official \_\_\_\_\_ Date \_\_\_\_\_

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**OTHER COMMUNITY EVENT (Must receive PRIOR authorization from HR)**

Event Name \_\_\_\_\_ Date \_\_\_\_\_

Signature of Other Event Official \_\_\_\_\_ Date \_\_\_\_\_

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I certify that the above information is correct.

\_\_\_\_\_ Signature

\_\_\_\_\_ Date