



**ALPHA GAMMA SIGMA  
HONOR SOCIETY  
ALPHA PHI CHAPTER  
Service Point Sheet**



Name: \_\_\_\_\_ ECC ID: \_\_\_\_\_ Semester/year: \_\_\_\_\_

Type of membership (Please circle one):                      **BLUE**                      **SILVER**

**Minimum Point Requirements**

For Blue Members

1. 3 points for Meeting/social attendance
2. 2 points from AGS sponsored events
3. 2 points from campus/community events
4. 1 point from AGS fundraiser attendance

For Silver Members

1. 1 point from meeting/ social attendance
2. 1 point from AGS sponsored event
3. 1 point from Campus/ Community events
4. 1 point from AGS fundraiser attendance

Date	Activity title & Type of requirement fulfillment	Point Awarded

Total Supplement Points (From Back): \_\_\_\_\_ Total Points: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

ALPHA GAMMA SIGMA  
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ALPHA PHI CHAPTER  
**Supplementary Point Sheet**

Name: \_\_\_\_\_ ECC ID: \_\_\_\_\_ Semester/year: \_\_\_\_\_

**Supplementary Point Requirements**

1. Campus and community involvement, unpaid volunteering, and unpaid tutoring: 1 point per hour
2. Long-term volunteer work: 2 points per day with a maximum of 2 days
3. Blood bank donation: 2 points per donation, 1 point if attempt to donate

Name of event/organization: \_\_\_\_\_

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

Contact Email/ Phone #: \_\_\_\_\_

Description of Work: \_\_\_\_\_

Date: \_\_\_\_\_ Time Started: \_\_\_\_\_ Time Completed: \_\_\_\_\_

Total Number of Hours: \_\_\_\_\_ Note: Please provide contact information or business card for verification

Name of event/organization: \_\_\_\_\_

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

Contact Email/ Phone #: \_\_\_\_\_

Description of Work: \_\_\_\_\_

Date: \_\_\_\_\_ Time Started: \_\_\_\_\_ Time Completed: \_\_\_\_\_

Total Number of Hours: \_\_\_\_\_ Note: Please provide contact information or business card for verification

Name of event/organization: \_\_\_\_\_

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

Contact Email/ Phone #: \_\_\_\_\_

Description of Work: \_\_\_\_\_

Date: \_\_\_\_\_ Time Started: \_\_\_\_\_ Time Completed: \_\_\_\_\_

Total Number of Hours: \_\_\_\_\_ Note: Please provide contact information or business card for verification

Total Hours: \_\_\_\_\_ Total Points: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_