

## Event Verification Form

To verify service, please complete this form for each different event and submit with your portfolio.

Name of Event: 6th Annual Overdose Awareness Day Post-Event

Organization: LifeSteps Council on Alcohol and Drugs

Type of Service: gathered post event information and put together thank you notes and informative flyers

Describe your service activities:

Gathered information pertaining to the event and the attendees to help with the event in the future  
organized and layed out flyers to help the families involved in the future and packaged all together  
to be send out.

Purpose of Event:

promote and prevent substance use and abuse to create overdose awarness

Date of Service: 8/26/21 Start time: 9:00am End time: 12:00pm

Total Hours: 3

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### Supervisor Information

Name: Kelly McCaffrey

Position: Executive Director

Phone: 512-246-9880

OR

Email: Kelly@LifeStepsCouncil.org

Signature:  Date 8/27/21

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### Student Information

Name: Tristian Hawes

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