VOLUNTEER VERIFICATION FORM

VOLUNTEER

Full Name _____ Phone _____

Email _____ Program _____

ORGANIZATION

Organization Name _____ Phone _____

Address _____

Supervisor Name _____ Supervisor Title _____

Supervisor Email _____ Supervisor Phone _____

SERVICE COMPLETED

DATE OR DATES	DESCRIPTION OF SERVICE	HOURS
	TOTAL HOURS	

VERIFICATION

I confirm that the volunteer named above completed the service and hours described on this form.

Supervisor Signature _____ Date _____