



Volunteer Verification Form

TO BE COMPLETED BY THE STUDENT:

Student Name: _____

Organization Name: _____

Date	Time	Total Hours/Minutes

(If you need additional space, please use the backside of this form.)

What were the duties/responsibilities during your volunteer time?

TO BE COMPLETED BY THE VERIFIER:

Please list your contact information or attach a business card.

Name	
Organization	
Email	
Phone Number	

Signature: _____

Date: _____