

Volunteer/Work Verification Form

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Volunteer Agency \_\_\_\_\_ Agency phone # \_\_\_\_\_  
Volunteer Contact \_\_\_\_\_ Hours Completed \_\_\_\_\_  
Date of Volunteer Hours \_\_\_\_\_  
Description of service provided:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Your Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Volunteer Contact Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*By signing this form I verify that I have completed the volunteer hours as stated.\*\*\*

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Your Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
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