

Community Service Volunteer Form

Volunteer Information

Volunteer's Name _____

Duties Performed _____

Hours Volunteered _____

Organization's Information

Organization's Name _____

Supervisor's Name _____

Organization's Address _____

Organization's Phone Number _____

I confirm and verify that the individual named above did complete the previously listed hours of service for our organization.

Supervisor's Printed Name _____

Supervisor's Signature _____

Date _____