[Date]

[Chapter]

[Your Chapter Advisor's Full Name]
Chapter Advisor – [University Name]
Email: [Insert Email]
Phone: [Insert Phone]

[Volunteer/Community Service Manager Name]
Volunteer/Service Manager – [University Chapter Name]
Email: [Insert Email]
Phone: [Insert Phone]

To Whom It May Concern,

This letter confirms that the students listed in the attached documentation have volunteered for **[Project/Event Name]** hosted by the **Esther Funds Foundation** on **[Insert Date]**. This initiative was officially recognized as a service opportunity under the mission of Esther Funds Foundation, which works to prevent college dropouts through community support, leadership, and engagement.

Each student listed participated in the event and completed the number of service hours as indicated. Hours are based on the time served during the event and verified by on-site check-in procedures conducted by our team.

Instructions for Students:

1. Print this confirmation letter and the accompanying volunteer list.

2. Locate your name and write in your **Student ID #**.

3. Highlight your row, including your name, service hours, and student ID.

4. Upload the document to your campus service portal or submit it per your university's process.

If you have any questions, please contact your Chapter Advisor or the Volunteer/Service Manager listed below.

Esther Funds Foundation – Volunteer Service Confirmation Packet

Every Future Fulfilled | www.estherfundsfoundation.org | info@estherfundsfoundation.org

Group Submission Spreadsheet

(Must be accompanied by the official Verification of Volunteer Hours Letter when submitted)

This form is to be used for groups of two or more individuals who participated in a single volunteer project hosted by the Esther Funds Foundation or one of its collegiate chapters. It is recognized by participating universities and may be submitted to your campus service portal (e.g., iRattler, GivePulse, or other platforms) for credit or documentation.

Each participant's hours must reflect their actual time served, and no more than 24 hours can be earned in a single day. Please ensure that all information is accurate and complete.

If more space is needed, please attach additional copies of this form and label each page as "Page ___ of ___" at the bottom.

Service Project Title: [Insert Event Title]

Sponsoring Group for Service: Esther Funds Foundation – [Insert Chapter Name or National]

Volunteers for Service Project Listed Below:

Volunteer Full Name	Hours Completed	Write In Your Student ID#	Volunteer Full Name	Hours Completed	Write In Your Student ID#

Page _2__ of _4___

Service Project Title:

Sponsoring Group For Service:

Volunteers for Service Project Listed Below

Volunteer Full Name	Hours Completed	Write In Your Student ID#	Volunteer Full Name	Hours Completed	Write In Your Student ID#

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Service Project Title:

Sponsoring Group For Service:

Volunteers for Service Project Listed Below

Volunteer Full Name	Hours Completed	Write In Your Student ID#	Volunteer Full Name	Hours Completed	Write In Your Student ID#

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Disclaimer:

This document is an official Esther Funds Foundation template intended solely for use by verified volunteers and chapter leadership. Possession or submission of this form does not guarantee recognition of hours without proper verification and signatures from the chapter advisor and/or volunteer manager.

To protect the integrity of our organization and community service programs, all service hours must be verified by the appropriate chapter or national representative before submission to any university or external platform. If you require verification or have questions regarding the authenticity of a document, please contact info@estherfundsfoundation.org immediately.

Unauthorized use, duplication, or falsification of this document may result in disciplinary or legal action.