

## SERVICE VERIFICATION FORM

As contestants in the Mr. Oak Harbor Scholarship Competition, our participants earn competition points in a variety of areas, including sports, extracurricular activities, employment, and volunteer work. In order to get credit and receive points in these categories, the Competition requires the following verification. Please complete this request on behalf of our contestant listed below, and return it to him by **October 31**. For more information about the Mr. Oak Harbor Scholarship Competition, please visit our website: [WhidbeyRoyalty.org](http://WhidbeyRoyalty.org).

Contestant Name \_\_\_\_\_ Number \_\_\_\_\_ Phone(s) \_\_\_\_\_

*By my signature below, I certify that this contestant participated in the volunteer activity noted below for the number of hours indicated during this calendar year, **January 1, 2024 - October 31, 2024**.*

**Organization:** \_\_\_\_\_ Supervisor Phone: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Title: \_\_\_\_\_

Contestant's Volunteer Position: \_\_\_\_\_

**Number of hours volunteered each month**

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Organization:** \_\_\_\_\_ Supervisor Phone: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Title: \_\_\_\_\_

Contestant's Volunteer Position: \_\_\_\_\_

**Number of hours volunteered each month**

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Organization:** \_\_\_\_\_ Supervisor Phone: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Employee Position: \_\_\_\_\_

\_\_\_\_\_

**Number of hours volunteered each month**

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Whidbey Royalty*

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Whidbey Royalty is a 501(c)(3) nonprofit organization – FEIN 85-1091323