



## VOLUNTEER SERVICE VERIFICATION FORM

### PARTICIPANT INFORMATION

Name of Participant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### ORGANIZATION INFORMATION

Name of Organization: EmpowHer Enterprises Inc. EIN: \_\_\_\_\_

Address: \_\_\_\_\_

### COMMUNITY SERVICE ACTIVITY

Start Date of Service: \_\_\_\_\_ End Date of Service: \_\_\_\_\_

Hours Completed: \_\_\_\_\_

Location of Service: \_\_\_\_\_

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

Description of Service: \_\_\_\_\_

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

### SUPERVISOR INFORMATION

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

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_