



CBMS Case Number: \_\_\_\_\_

## Volunteer Verification Form

Please use this form to verify participation in unpaid work/volunteer hours that meet the Able Bodied Adult Without Dependents (ABAWD) work requirement. This form must be filled out by the organization or individual for whom you are volunteering for.

Name of Volunteer: \_\_\_\_\_

Volunteer Start Date: \_\_\_\_\_

Is the individual volunteering an average of 20 hours/week or 80 hours/month?

Yes

No

Volunteer Position/Nature of Volunteer Work: \_\_\_\_\_

Name of Individual: \_\_\_\_\_

Organization or Agency Name (if applicable): \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_