

**Confirmation I Service Hours Form**

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

**This document confirms that** \_\_\_\_\_  
(Candidate Name)

**has completed a total of** \_\_\_\_\_ **hours of volunteer service at:**

\_\_\_\_\_  
(Name of Agency)

**REMEMBER – YOU MUST VERIFY YOUR HOURS PRIOR TO SUBMITTING THEM FOR APPROVAL. PLEASE REMEMBER TO USE ONLY APPROVED SERVICE ORGANIZATIONS.**

**AGENCY VERIFICATION**

**Signature of Volunteer Coordinator:** As the volunteer Coordinator/Supervisor for this agency, I verify that the above named student has completed the above hours of service to our agency.

\_\_\_\_\_  
Signature of Volunteer Coordinator/Supervisor

\_\_\_\_\_  
Telephone Number

**PARENT/GUARDIAN VERIFICATION**

I/We have reviewed and verified that our child has completed the above hours of service.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Telephone Number

**Service Hours will need to be completed by or before *April 11, 2017*. Please forward completed forms with your one-page Reflection to the CCD Office.**

**VOLUNTEER TIME RECORD**

**NAME:** \_\_\_\_\_

**AGENCY:** \_\_\_\_\_

<b>DATE</b>	<b>TIME IN</b>	<b>TIME OUT</b>	<b>TOTAL HOURS</b>

**TOTAL HOURS COMPLETED:** \_\_\_\_\_

**\*\*\*PLEASE USE ONE FORM PER AGENCY/EVENT\*\*\***