

# ST. DUNSTAN CONFIRMATION PROGRAM VOLUNTEER SERVICE VERIFICATION FORM

Date \_\_\_\_\_

The purpose of this document is to confirm 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

\_\_\_\_\_  
(Telephone Number)

Service Hours will need to be completed on or before **March 27, 2018**. Please forward completed forms and reflections to the CCD Office.

**Volunteer Time Record**



PLEASE USE ONE FORM PER AGENCY/EVENT