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 Volunteer Coordinator/Supervisor
________________________________________________________
Telephone Number

Service Hours will need to be completed by or before April 21, 2020. Please forward completed forms with your one-page Reflection to the Faith Formation Office.
VOLUNTEER TIME RECORD

NAME:______________________________

AGENCY:____________________________

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<th>DATE</th>
<th>TIME IN</th>
<th>TIME OUT</th>
<th>TOTAL HOURS</th>
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TOTAL HOURS COMPLETED: ____________________

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