

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 16, 2019*. Please forward completed forms with your one-page Reflection to the CCD Office.

VOLUNTEER TIME RECORD

NAME: _____

AGENCY: _____

DATE	TIME IN	TIME OUT	TOTAL HOURS

TOTAL HOURS COMPLETED: _____

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