

**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 **April 16, 2019**. Please forward completed forms and reflections 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