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 21, 2020. Please
forward completed forms and reflections 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