

VOLUNTEER DOCUMENTATION								
Volunteer Information								
Name								
Phone #					Email			
Address								
City/Town	5				State Zip Code			
Organization Requiring Service Hours								
Organization								
Contact Name	Contact #							
Address								
City/Town				State Zip Code				
Volunteer Hours								
Date	Activity/Location	Time In	Time C	Dut	Hours	S	Supervisor Signature	
Total Hours								

THIS FORM DOES NOT CONSTITUTE VERIFICATION OF HOURS!

This form is for tracking purposes only. This completed form should be submitted to Volunteer Services via fax, email or drop off at the office. Please be sure that any request for verification includes information for delivery of the completed letter.

Allow two business days from the time of submitting this request for completion of your letter. Please be aware that letters cannot be generated on Saturday, Sunday or Monday!