

Community Service and Volunteer Hours Verification Form

Please fill out this form to document and verify completed community service hours. This document is formatted for printing and manual verification.

Volunteer Information

Volunteer Full Name:

Email Address:

Phone Number:

Organization Information

Organization Name:

Supervisor Name:

Supervisor Title:

Supervisor Phone or Email:

Volunteer Hours Log

Date (MM/DD/YYYY)	Description of Service Performed	Hours Completed	Supervisor Initials
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Verification Hours Completed:

Signatures and Verification

By signing, both parties certify that the volunteer hours listed above were completed truthfully and accurately.

Volunteer Signature: Date:

Supervisor Signature: Date: