



Student Affairs
Student Rights & Responsibilities

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Volunteer Hours Verification Form

First Name _____ Last Name _____

Volunteer Agency _____ Agency Phone # _____

Volunteer Contact/Supervisor _____ Hours Completed _____

Date of Volunteer Hours _____

Description of Service Provided:

Student Signature _____ Date _____

****By signing this form, I verify that I have completed the volunteer hours as indicated above****

Volunteer Contact/Supervisor Signature _____ Date _____