



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:

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\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Volunteer Contact/Supervisor Signature

\_\_\_\_\_  
Date