

Volunteer Hours Verification Log

Student's Name: _____

Address: _____

Telephone Number: _____

Date	Description of Service	Time completed	Supervisor's Initials

Number of Hours Completed: _____

Name of Organization: _____

Telephone: _____

Supervisor's Name: _____ Title: _____

Supervisor's Signature: _____ Date: _____

-----Office Use Only-----

Date Completed:

Verified By: