

VOLUNTEER AND SERVICE VERIFICATION FORM

Agency/Program Information

Name of student: _____

Permanent Address: _____

Permanent Phone: _____ Campus Phone: _____

Expected Year of Graduation: _____

Major: _____ Minor: _____

Name of Agency/Program _____

Phone Number _____

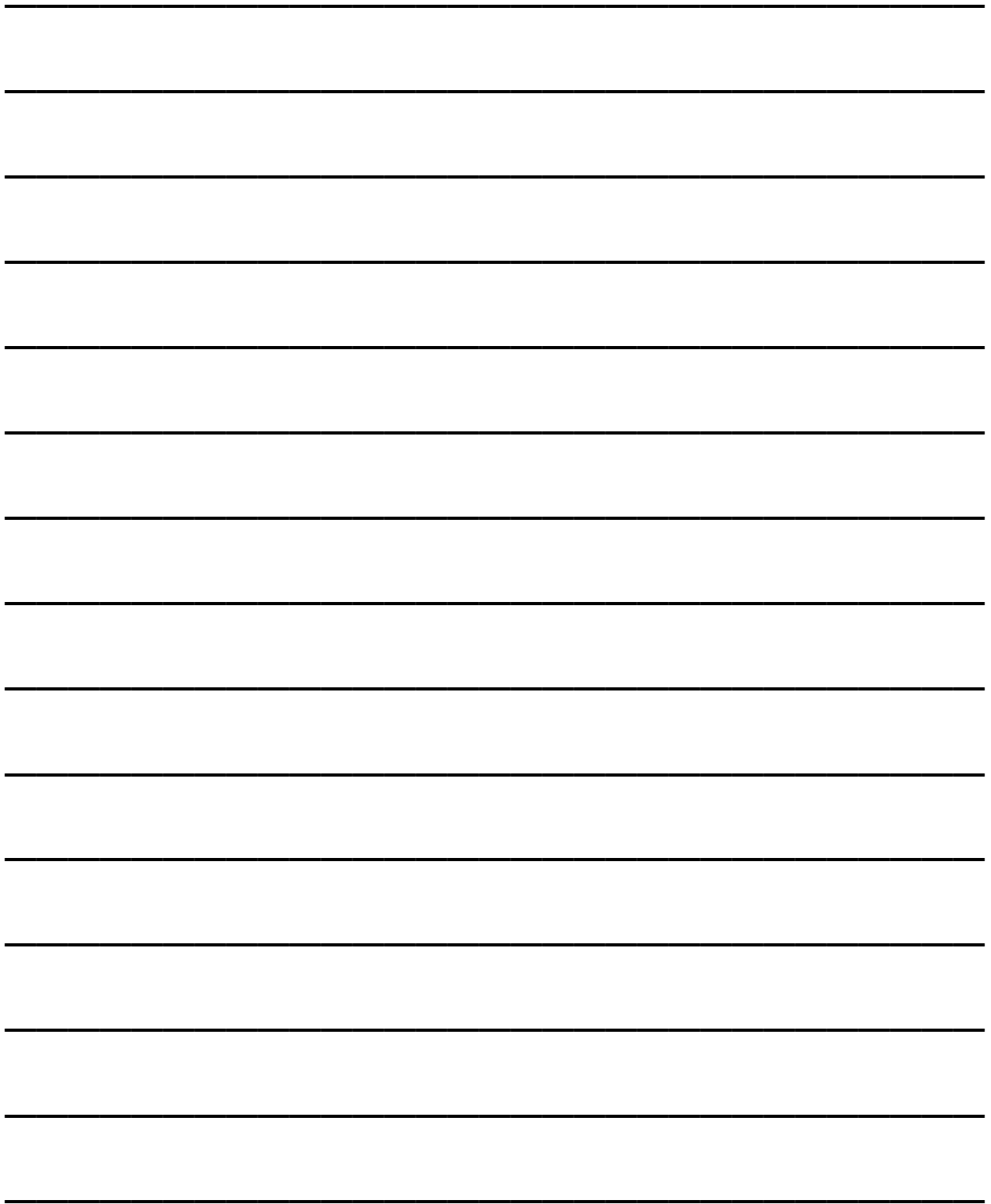
Name of Supervisor _____

Date Your Service Began _____

Total Number of Hours Worked _____

Date Your Service Ended _____

*Briefly describe your volunteer service listing your tasks, responsibilities, and views on the Agency/Program. This description is **very important**. Please be certain that you include all your **tasks, responsibilities, and views on the Agency/Program**.*



The University of Wisconsin-Green Bay Office of Student Life will contact the Agency/Program listed above to verify this information. Feel free to contact the office at (920)465-2036, if you have any questions or concerns with this request.

Signature of Volunteer: _____ **Date:** _____

Signature of Agency Representative: _____

I am verifying that the above student has completed _____ hours as a volunteer at my agency.