

# Volunteer Verification Form

Date: \_\_\_\_\_

Volunteer Name and/or Organization: \_\_\_\_\_

Staff Member Assigned to: \_\_\_\_\_ Branch/Dept.: \_\_\_\_\_

Special Program/Event: \_\_\_\_\_

Beginning Time: \_\_\_\_\_ Ending Time: \_\_\_\_\_

Performed the following duties/comments:

- ☐ Needs Proof of Service Letter
- ☐ Needs Certificate of Appreciation
- ☐ WOULD recommend volunteer in future
- ☐ WOULD NOT recommend volunteer in future