

Volunteer Verification Form



Volunteer Information

Full Name	
IU Username	
Address	
Phone	
E-Mail	

Person/Organization services were provided for:

Name	
Street Address	
City ST ZIP Code	
Phone	
E-Mail Address	

Description

Summarize what volunteer services were provided in space below.

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Date & Time:

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Signature of volunteer recipient

By signing this form you are confirming that the individual listed above provided volunteer services for you and/or your organization.

Name (printed)	
Signature	
Date	

Thank you for completing this volunteer verification form and for your interest in the Volunteer Incentives Program.

Please return this form to the Volunteer Coordinator in the Office of Campus Life when you submit your hours on the Organization Management System. This form is needed for approval of VIP Hours.