

Community & School Volunteer

REFERENCE SHEET

Name of Student Volunteer: _____

Date(s) of Volunteer Experience: _____

Organization Name: _____

Organization Address: _____

Number of Volunteer Hours: _____

Description of Volunteer Activities:

Additional Information/comments (Optional):

Authorized Supervisor/Contact Name: _____

Authorized Supervisor/Contact Phone: _____

*Position You Hold within Your
Organization _____

Signature of Authorized Supervisor/Contact

*Please note that this form must be completed entirely by the community or school representative verifying a students' involvement. Students application may be discarded if the completed form is not done solely by the supervising adult.