

Paine College Volunteer Verification Form



STUDENT NAME _____

Name of Organization _____

Contact Person _____

Contact Person's Position _____

Phone Number _____

Email Address _____

Number of Hours Served _____

Date of Service _____

Contact Signature _____

Student Signature _____

Name of Organization _____

Contact Person _____

Contact Person's Position _____

Phone Number _____

Email Address _____

Number of Hours Served _____

Date of Service _____

Contact Signature _____

Student Signature _____

TOTAL SERVICE HOURS COMPILED _____

*Must have a minimum of **five (5) hours** served before submitting this form*