



## VOLUNTEER EXPERIENCE VERIFICATION

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Expected Graduation (month and year): \_\_\_\_\_

### Information on Volunteer Experience

Name of Organization/Agency: \_\_\_\_\_

Name of Organization/Agency Contact: \_\_\_\_\_

Phone Number of Organization/Agency Contact: \_\_\_\_\_

Email of Organization/Agency Contact: \_\_\_\_\_

Location/Address Where Volunteer Activity Took Place: \_\_\_\_\_

### Brief Description of Volunteer Experience

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Number of Hours Performed: \_\_\_\_\_

Date of Volunteer Experience: \_\_\_\_\_

Work Sector Experience (**Circle One**): Agriculture Community Economic Development

Youth in Development Environment Health Education

### Signature of Supervisor or Organization/Agency Contact

Signature: \_\_\_\_\_

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