Volunteer Hours Log

Volunteer's Name:

Volunteer's Contact (email/phone number):

_____

	Date	Description of Activity	Hours Worked	Signature of Supervisor

Volunteer Service Verification

Organization's Name: _____

Volunteer's Name: _____

Date of Birth(mm/dd/yyyy) : _____

Total Service Hours: _____

Supervisor's Name: _____

Supervisor's Title :_____

Supervisor's Contact(email/phone number):

_____

Supervisor's Signature: _____