



Work Service Verification Form

Dear Volunteer Coordinator:

Thank you for affording this student the opportunity to volunteer.

A brief description of the duties performed and the number of hours served will ensure that he or she receives credit for his/her efforts.

Thank you for your cooperation.

Student's Name: _____

Date: _____

Agency Name: _____

Telephone: _____

Contact Person: _____

Number of Hours Served: _____

Comments:

Signature of Supervisor

*Please return to:

Dean of Students Office, 302 Memorial Union

University of Rhode Island, Kingston, RI 02881

Fax: (401) 874-5694