

# COMMUNITY SERVICE VERIFICATION FORM

Name of student: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Permanent Phone: \_\_\_\_\_ Campus Phone: \_\_\_\_\_

Expected Year of Graduation: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

## Agency/Program Information

Name of Agency/Program \_\_\_\_\_

Phone Number \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Date Your Service Began \_\_\_\_\_

Total Number of Hours Worked \_\_\_\_\_

Date Your Service Ended \_\_\_\_\_

*Briefly describe your volunteer service listing your tasks, responsibilities, and views on the Agency/Program. This description is **very important**. Please be certain that you include all your **tasks, responsibilities, and views** on the Agency/Program.*

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*The Feinstein Enriching America Program Committee will contact the Agency/Program listed above to verify this information. Feel free to contact the office at (401)341-2440, if you have any questions or concerns with this request.*

### **Print New Student Seminar Advisor's**

**Name:** \_\_\_\_\_

**Signature of Volunteer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**I am verifying that the above student has completed \_\_\_\_\_ hours  
as a Feinstein volunteer at my social work agency.**