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