Community/Work Service Verification Form

Dear Volunteer Coordinator:

Thank you for affording this student or student organization the opportunity to volunteer with your organization. Please provide a brief description of the duties performed and the number of hours served. If the hours were completed over the course of multiple dates, please list them in the comments section or attach a sheet showing dates and number of completed hours. This will ensure that the student receives appropriate credit for their efforts.

Thank you for your cooperation.

Community/Work Service Organization

Agency Name: ________________________________________________________________

Contact Person: ____________________________________________________________

Position: _________________________________________________________________

Telephone: __________________________ Email: ________________________________

Student Information

Student or Student Organization Name: _________________________________________

Date(s) of Hours Completed: _______________________________________________

Number of Hours Served: ___________________________________________________

Description of duties performed: ________________________________

_________________________________________ Date

Signature of Site Supervisor

*Please return to:
Office of Community Standards
2 Butterfield Road
Adams Hall, Lower Level
Kingston, RI 02881
Email: studentconduct@etal.uri.edu