VOLUNTEER/COMMUNITY SERVICE LOG

Verification Form

NAME:
EMAIL:
PHONE #:

Please fill out the section below that you completed for wellness points.* **DO NOT TURN THIS FORM IN UNLESS YOU ARE AUDITIED IN JULY 2017. *No other proof needs to be turned in. Service time must be between July 1st 2016 and June 30, 2017*

Must complete minimum of 60 minutes, 2x per week. Service time is unpaid, voluntary for an organization or group, freely offered time to take part in an enterprise or undertake a task, and not part of any employment or job description.

Month 1			Month 2		
Date	*Type of Service*	*Minutes*	*Date*	*Type of Service*	*Minutes*

I, _____ confirm that the above information is correct.