

CABARRUS COLLEGE

of

HEALTH SCIENCES

Volunteer Community Service Verification

Rev. 11/2013

Student's Name: _____ **Program:** _____

Course: _____ **Hours Needed:** _____ **Total Hours Reported:** _____

*Submit the completed form to your course instructor by Monday of the 15th week of the semester. This form must be complete and include a signature for each volunteer date represented. **Complete a separate box below for each agency visited.** Volunteer hours must be with an approved agency listed in course documents or provided in the Volunteer Community Service Handbook provided during orientation.*

Name of Agency: _____

State the purpose of the agency (e.g. mission, philosophy, or goals):

Describe what you did:

How did your volunteer service help achieve the purpose of the agency and the focus of cultural awareness/competency at Cabarrus College?

| Date of Service | Hours of Service | Total Hours this date | Name/Contact Number of Verifying Agency Representative | Verification Signature |
|-----------------|------------------|-----------------------|--|------------------------|
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