Volunteer Community Service Verification

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:
_______________________________________________________________________________________
_______________________________________________________________________________________
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How did your volunteer service help achieve the purpose of the agency and the focus of cultural awareness/competency at Cabarrus College?
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State the purpose of the agency (e.g. mission, philosophy, or goals):
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