

# 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 15<sup>th</sup> 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

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