



# Town of Ellington

## Confirmation of Volunteer Service Hours



### Volunteer Information: (Please Print)

Volunteer Name: \_\_\_\_\_

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Class Requiring Service Hours: \_\_\_\_\_

Name of Instructor/Teacher: \_\_\_\_\_

### Verification by Project Contact Person:

Project: \_\_\_\_\_

Number of Hours Volunteered: \_\_\_\_\_ Date(s) \_\_\_\_\_

Comments:

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Volunteer Project Contact Person (Printed Name)

\_\_\_\_\_  
Volunteer Project Contact Person (Signature)

\_\_\_\_\_  
Date