



# Unionville High School

## NHS



# Volunteer Service Verification

**Unionville High School Chapter of the NHS:**

Please accept this letter as confirmation that \_\_\_\_\_  
completed \_\_\_\_\_ hours of volunteer service for \_\_\_\_\_.

**Date(s)/Range of Dates:**

**Description of service:**

\_\_\_\_\_

In the event that you have any concerns or questions, please contact me.

**Name of Supervisor:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_