



Unionville High School

NHS

Volunteer Service Verification



Please accept this letter as confirmation that

Student Name: _____

completed _____ hours of volunteer service for

Name of organization _____

Date(s)/Range of Dates: _____

Description of service: _____

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

Name of Supervisor: _____

****Note: supervisor cannot be parent/guardian**

Email: _____

Signature:

Date: ____ / ____ / ____