



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:** ____/____/____