



Verification of Service Hours

Complete this form and include with your submitted materials to complete each level of the Designation Program

Student Name: _____

UAkron Email: _____

Level _____

(identify which level of program you are completing: I, II, or Advanced)

Please write a paragraph describing what you learned by doing this service:

TO BE COMPLETED BY AGENCY/AGENCIES WHERE SERVICE WAS PERFORMED

Name of Non-Profit Agency where service was performed:

Name of Agency Volunteer Supervisor: _____

Signature, date and telephone number of Agency Volunteer Supervisor:

Total number of service hours completed: _____

I affirm that the information on this form is correct:

Student Signature: _____ Date: _____