



Volunteer Service Verification Form

Name of Volunteer _____ Date of Birth _____

School or Organization (if any) _____ Grade or Level _____

Date	Location	Hours Completed	Activities

I verify that _____ completed the activities or services listed above.

Corner of Love An Outreach To The People of Nicaragua Chapter Address:	Printed Name of Volunteer Hours Supervisor
U.S. Headquarters Office: 425.432.0433 Email: info@corneroflove.org	Title of Volunteer Hours Supervisor
Total Hours of Service	Signature of Volunteer Hours Supervisor