# Intern Community Service Verification Form

ALL COMMUNITY SERVICE MUST BE *UNPAID* AND VOLUNTEER WORK

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| --- | --- | --- | --- | --- | --- |
| Intern and Agency/Organization Information | | | | | |
|  | | | | | |
| **Intern Name:** |  | | | | |
| **INROADS Advisor:** |  | |  | |  |
| **Agency Name:** |  | | **Agency Phone:** | |  |
| **Agency Address** |  | | | | |
| **Agency Contact:** |  |  | |  | |
|  | | | | | |
| Instructions | | | | | |
|  | | | | | |
| **Dates and hours served at agency/organization (please include month, day, and year)**   |  |  |  |  | | --- | --- | --- | --- | | **Date** | **Activity** | **Number of Hours** | **Agency Verification (initial)** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | | | | | |

**Total hours served at this agency: \_\_\_\_\_\_\_\_\_**

**Starting date of service at this agency:\_\_\_\_\_\_\_\_Ending date of service at this agency: \_\_\_\_\_\_\_\_\_\_**

**Signature of Site Manager or Agency/Organization Representative:**

**X**

**Form must have authorized signature of agency representative**

**Print Name and Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**