



Volunteer Hours Certificate

Volunteer Name: _____

Date(s) of Service: _____

Name/Location and Description of Volunteer Opportunity: _____

How did the service help others in need or the community?

Total hours of hands-on service: _____

In signing this form I am on my honor and will not for any reason report service hours that I have not completed.

Volunteer Signature: _____

FinD Member Supervisor Information:

Name (please print) _____

Signature: _____

Phone Number: _____

Email address: _____