



Volunteer Hours Verification Form

Student Name: _____

Organization Name (Please Print): _____

Beginning Date & Time: _____

Ending Date & Time: _____

Total Number of Hours Volunteered _____

Performed the following duties/comments: _____

Organization Contact Name (Please Print): _____

Organization Contact Phone Number: _____

Organization Contact Signature: _____

*** ALL HOURS MUST BE SUBMITTED BY the 30th of EVERY MONTH TO THE STUDENT ACTIVITIES CENTER IN EAST CAMPUS**

If you have any questions please contact Alejandra Espinoza at espinozaa@mjc.edu