



HILLSIDE STUDENT COMMUNITY SCHOOL

Volunteer Verification Form

5027 159th Place SE • Bellevue, WA 98006-3636 • (425) 747-6448 • www.hillsidesc.org

This form is to verify the specific information regarding this student's volunteering opportunity at your institution. Please mail the completed form to the above address.

Thank you.

Student's Name: _____

Period of Time Volunteering (dates): / / to / /

Total Hours Volunteering: _____

Name of Institution: _____

His or her tasks included: _____

Your Signature: _____

Print Name: _____

Position: _____

Institution: _____

Today's Date: _____