

NSU Volunteer Center

Recognition of Volunteers

This form is to be filled out by agency utilizing service.
(One form per individual or organization)

Agency Name: _____

Agency's Volunteer Administrator Name and Contact Information: (phone, email, address)

Volunteer's Name (individual or organization): _____

Volunteer's Contact Information: (phone, email, address)

Date(s) of service: _____

Hours of service: _____

Service responsibilities and location of service:

Comments on service experience:

____ Checking this space indicates that you have read the statement below and agree to its terms.
I attest that the named individual or organization has participated in the service described above.

Signature

Date