

UAW-Ford Community Engagement Scholarship for Dependent Children Verification of Volunteer Service Form

TO BE COMPLETED BY THE STUDENT (PLEASE PRINT):

UAW-Ford Employee Name _____ Global ID _____

Student Name _____

TO BE COMPLETED BY THE VOLUNTEER PROGRAM COORDINATOR (PLEASE PRINT):

Organization Name _____

EIN # _____

Address _____ City _____ State _____

Date of Service _____

Time Arrived: _____ Time Departed: _____ Total Hours Volunteered: _____

Description of service provided by volunteer:

I certify that the volunteer service has been performed in conjunction with an organization that has a valid 501(c) designation from the Internal Revenue Service. The activity performed was non-partisan and not for profit. I further certify that the participating student did not receive any direct compensation or benefits for the service.

Volunteer Coordinator Name Volunteer Coordinator Signature Phone Number Date

Participating Student Signature Date

Eight hours of volunteer service must be documented using this form, or multiple forms if service was completed at more than one organization.

