

## VOLUNTEER HOURS VERIFICATION

Please hand this form to your team commissioner once all required hours have been completed & signed for.

NAME OF VOLUNTEER: \_\_\_\_\_  
ATHLETE NAME(s): \_\_\_\_\_  
ATHLETE TEAM(s): \_\_\_\_\_

DATE: \_\_\_\_\_ VENUE/TASK: \_\_\_\_\_ SUPERVISOR'S SIGNATURE: \_\_\_\_\_ # OF HOURS COMPLETED: \_\_\_\_\_

DATE: \_\_\_\_\_ VENUE/TASK: \_\_\_\_\_ SUPERVISOR'S SIGNATURE: \_\_\_\_\_ # OF HOURS COMPLETED: \_\_\_\_\_

DATE: \_\_\_\_\_ VENUE/TASK: \_\_\_\_\_ SUPERVISOR'S SIGNATURE: \_\_\_\_\_ # OF HOURS COMPLETED: \_\_\_\_\_

DATE: \_\_\_\_\_ VENUE/TASK: \_\_\_\_\_ SUPERVISOR'S SIGNATURE: \_\_\_\_\_ # OF HOURS COMPLETED: \_\_\_\_\_

DATE: \_\_\_\_\_ VENUE/TASK: \_\_\_\_\_ SUPERVISOR'S SIGNATURE: \_\_\_\_\_ # OF HOURS COMPLETED: \_\_\_\_\_

DATE: \_\_\_\_\_ VENUE/TASK: \_\_\_\_\_ SUPERVISOR'S SIGNATURE: \_\_\_\_\_ # OF HOURS COMPLETED: \_\_\_\_\_

DATE: \_\_\_\_\_ VENUE/TASK: \_\_\_\_\_ SUPERVISOR'S SIGNATURE: \_\_\_\_\_ # OF HOURS COMPLETED: \_\_\_\_\_

DATE: \_\_\_\_\_ VENUE/TASK: \_\_\_\_\_ SUPERVISOR'S SIGNATURE: \_\_\_\_\_ # OF HOURS COMPLETED: \_\_\_\_\_

**TOTAL # OF HOURS COMPLETED:** \_\_\_\_\_

VOLUNTEER REQUIREMENTS - 1 Child (8 volunteer hours) - 2 Children (12 volunteer hours) - 3+ Children (15 volunteer hours)