Community Service Verification Form

TO:	UMKC Applied Language Institute			
RE:	Verification of Community Service			
This letter	r is to varify that	aomnlatad	house	
This lette.	r is to verify that(Student's Name)	completed	nours	
as a volur	nteer for		OI	
Days:				
Date:				
Times:				
Location:				
Job Funct	tion:			
and shoul	d obtain community service for participa	ting.		
Supervisor at Volunteer Site—Title		Phone numb	Phone number	
Superviso	or Email Address			
Student S	ignature			