University of CINCINNATI

Student Volunteer Service Form

Name: _____ UCID: _____

Concentration: _____

Current Semester: _____

Email Address: _____

I verify I have completed the hours of volunteer service listed and the activities described.

Student Signature: _____ Date: _____

Name of Organization/Agency: _____

Address: _____

Phone: _____

Contact Person: _____

Title/Position: _____

Email Address: _____

Date and Time of Volunteer Service: _____

Total Hours of Volunteer Service: _____

Brief Description of the activity performed: _____

_____

_____

I verify the completion of the hours of volunteer service listed for our organization.

Contact Person Signature: _____ Date: _____

Please submit completed forms to Professor Charles Doarn (charles.doarn@uc.edu). They will be kept on file and will be reviewed prior to practicum registration. A total of 20 hours of volunteer service are required for practicum registration.