



Volunteer Hours Verification Form
6055 62nd Avenue
Vero Beach Fl, 32967
homeschool@indianriverschools.org

Students Name: _____ **Student ID:** _____
Last First Middle

Mailing Address: _____
Street Address

City State Zip Code

School Attending: _____ **Graduation Year:** _____

** Please use one form per organization.

** This form is to be completed and returned to the School Guidance office.

Volunteer Activities Performed	Dates Volunteered From	Dates Volunteered To	Hours Volunteered

Name of Organization: _____
(Are you registered as a non-profit organization?)

Printed Name: _____

Signature and Title: _____

Phone Number: _____ **Date:** _____
(To verify hours)

Verified By: 	Date:
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