



AmeriCorps Service Activity Verification Form

This form should be completed to verify the hours' members served for the following:

(Please check one)

Alternate National Service Project

External Service Hours

External Training Hours

Member Name: _____ Date of Service/Training: _____

Service Site Name: _____ Region: _____

Number of Hours served: _____

Agency/Event Representative Name: _____

Agency/Event Representative signature: _____ **Date:** _____

Member signature: _____ **Date:** _____

Supervisor signature: _____ **Date:** _____

Member should retain original copy of this form and should provide a hardcopy or digital copy to site supervisor

This program is administered by CaliforniaVolunteers and sponsored by the Corporation for National and Community Service



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