



Volunteer Hour Verification

This document verifies that the undersigned volunteer has completed the number of volunteer hours noted below with the Loaves & Fishes program.

DATE	SITE	PROJECT	NUMBER OF HOURS

Total Number of Hours: _____

Please Print Clearly

Name: _____ **Phone:** _____

Address: _____ **Email:** _____

Hours will be submitted to: _____

Volunteer Signature

Date

Site Coordinator/Supervisor Signature

Date

721 Kasota Ave SE, Minneapolis, MN 55414 • 612.326.3673 • { HYPERLINK "mailto:loavesvol@loavesandfishesmn.org" } •
www.loavesandfishesmn.org