



Volunteer Hour Verification

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

Date	Location	Project	Number of Hours

Total Number of Hours:

Name: _____

Phone: _____

Address: _____

Email: _____

Indicate how hours will be submitted: _____

X

Volunteer Signature / Date

X

Site Coord. – Chef Signature / Date (if applicable)

X

Community Engagement Coordinator Signature / Date