CenClear

Volunteer Verification Form – PG-19

Child Name: _____ **Month:** _____

Home Visitor/Teacher: _____ **Program:** _____

Staff Signature: _____

Teacher Directed Goal(s): _____

_____

Date(s) m/d/y	In-Kind Description (Teacher directed goals, classroom volunteer, Policy Council business, etc.)	Start Time	End Time	Total time

By initialing above after each task, I certify that I donated the above hours of service to Cen-Clear Child Services, Inc.

_____
Signature

_____
Print Name

_____
Relationship

Total Hours ____

PR