

George Elliot Secondary

VOLUNTEER EXPERIENCE VERIFICATION

Student Name: _____ Grade: _____ Date: _____

Used for any volunteer time counting towards the 30 hours work or volunteer experience required for the Graduation Transitions Course.

VOLUNTEER EXPERIENCE DETAILS:

This may include past unpaid work, and/or volunteer experiences.

Start Date: _____ End Date: _____

Supervisor: (*print name*) _____

Name of Business / Organization: _____

Address of Business or Organization: _____

Supervisor Signature: _____

Describe **this volunteer experience:** (tasks performed, how you spent your time, etc.)

****Attach this form to the
"30 hours Work / Volunteer Verification Form".
Put both pages into your M.A.P. (section #2)**