FAMU VOLUNTEER AND SERVICE LEARNING PROGRAM

_____
DATE WRITTEN:MM/DD/YYY

Re: Confirmation of Service: Name of Service Project _____

STUDENT'S FULL NAME	STUDENT'S FAMUID#	AGENCY/GROUP'S NAME

_____ has volunteered with/at the _____
Student's First Name **Agency/Group's Name**

On/from _____ and has been awarded _____.
Date(s) of Service (MM/DD/YY-MM/DD/YY **# of Hours Earned**

Below are details concerning the service project and a description of the services the student provided:

If you have questions, please do not hesitate to contact _____.

_____
Original Signature

_____
Typed Full Name

_____
Position/Title

_____
Agency Name & Address

_____
Contact Number

_____
Email

_____
Website/Social Media

FAMU VOLUNTEER AND SERVICE LEARNING PROGRAM

Group Submission Form

Copy and paste the chart if more space is needed to add additional names. Leave the FAMUID# blank. Participants will fill out this information once they receive the letter.

Full Name	FAMUID#	Hours Awarded	Notes/Comments

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Full Name	FAMUID#	Hours Awarded	Notes/Comments