



**MARINE CORPS RESERVE TOYS FOR TOTS PROGRAM
VOLUNTEER SERVICE VERIFICATION FORM**

This form is to be used to track volunteer service hours. Some volunteers, such as employees participating in an employer charity program, high school students, scouts, etc. require verification of community service hours. Coordinators will retain copies of this form for two years.

In the event the Foundation notifies Coordinators about an employer charity program, please scan / email completed forms to your respective Regional Accounting Specialist.

Campaign Name (City, State) _____

Campaign Accounting Code / Region #: _____

Coordinator Name: _____

Coordinator Contact (email/phone): _____

Volunteer's Name: _____

Volunteer's Organization Name: _____

<u>Date</u>	<u>Activity</u>	<u>Hours</u>
<u>TOTAL HOURS</u>		

VOLUNTEER PRINTED NAME: _____

VOLUNTEER SIGNATURE: _____

DATE: _____

COORDINATOR PRINTED NAME: _____

COORDINATOR SIGNATURE: _____

DATE: _____