

Klamath Community College Volunteer Hours Verification Form

I hereby authorize Klamath Community College to contact the organization listed below for the purpose of verifying my volunteer hours.

Student Information

Volunteer Name: _____

Student ID (if applicable): _____

Organization Information

Name of Organization: _____

Contact Person Name: _____

Contact Email: _____

Contact Phone Number: _____

Organization Information (if second is required)

Name of Organization: _____

Contact Person Name: _____

Contact Email: _____

Contact Phone Number: _____

Student Signature _____ Date _____