Idaho State University

Master in Social Work

Volunteer Hours Verification Form

Supervisor: _____

Organization: _____

Address: _____

City, State, Zip Code: _____

Email: _____

Phone: _____

Search Committee,

I verify that _____ has completed a minimum of 30 hours
volunteer name

of volunteer work or paid work in a human services setting.

These hours were completed from _____ to _____.
time start (mm/dd/yyyy) time end (mm/dd/yyyy)

Thank you,

_____ _____

Supervisor Date (mm/dd/yyyy)

If you have any questions regarding this form, Please contact
socwork@isu.edu or 208-282-3377