Documentation of Extra Service Hours

Notre Dame-AmeriCorps Program

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| Name of Volunteer: | | |
| Date hours performed:\_\_\_\_\_\_\_ | Training or Service Hours (circle one) | Fundraising? (circle one) Y / N |
| Organization/location hours were performed: | | |
| Description of Activities: | | |

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| On-Site Supervisor at Organization or Activity:  Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_ / /\_\_\_ |
| Approval by NDA Site Director:  Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_/\_\_\_/\_\_\_ |