

**ALBANY STATE UNIVERSITY**  
**College of Professional Studies**  
**Department of Social Work**  
**VERIFICATION OF SIXTY HOURS OF VOLUNTEER SERVICE**

**Date Due:**

**Student Name** \_\_\_\_\_ **Agency** \_\_\_\_\_

**Instructor:**

**Agency Supervisor:**

<b>DATE</b>	<b>TIME IN</b>	<b>TIME OUT</b>	<b>NO. OF HOURS</b>	<b>SUPERVISOR</b>

**This will certify that the above named student has completed \_\_\_\_\_ hours of volunteer work.**

**Supervisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_