



Community Service | Volunteer Verification Form

Mail or FAX this form to:
 Allegheny CAO
 Piatt Place
 301 5th Avenue Suite 470
 Pittsburgh, PA 15222
FAX: (412) 565-3600

INSTRUCTIONS: Please mail or FAX the completed form within 10 days of receipt to the office listed above.

See reverse for detailed directions. Questions? Call the Statewide Customer Service Center 1-877-395-8930

SECTION I. Volunteer | Agency Information

Name of Volunteer _____ Birthdate _____ Last 4 SSN _____
 Address of Volunteer _____ City _____ State _____ Zip Code _____
 Name of Agency _____ Agency Phone Number _____
 Address of Agency _____

SECTION II. Community Service Activity Information

Start Date of Service	MM-DD-YYYY	Expected End Date of Service*	MM-DD-YYYY	Transportation Provided by Agency at No Cost?	YES	NO
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Monthly Schedule of Service								
	S	M	T	W	TH	F	S	Estimated Weekly Hours
Week 1								
Week 2								
Week 3								
Week 4								
Total Monthly Estimated Hours								

Monthly Schedule Instructions

1. Mark an 'X' on the expected days of service.
2. Enter the total weekly hours in the Estimated Weekly Hours column.
3. Total the monthly estimated hours.

(Circle one)

Description of Tasks Performed:

SECTION III. Agency Certification

COMMUNITY SERVICE AGENCY CERTIFICATION:

I hereby certify that our organization is a nonprofit with 501(C) (3) or 501(C) (4) status and the above named volunteer is registered with our agency to complete community service for the hours and period as indicated above. I understand that this community service verification form is used to verify up to six months of community service participation. I also understand that our agency must report any changes in participation to the Pennsylvania Department of Human Services within 10 days from the date the change occurred.

X _____ _____ _____
Signature of Site Manager **Name of Site Manager (please print)** **Date**

Section IV. Reporting Changes (Complete this section if updating an existing form.) Mail or fax within 10 days from date change occurred.

Actual End Date	Other Changes (Please explain below)	Signature of Site Manager	Name of Site Manager	Date
MM-DD-YYYY		X		

* No more than 6 months from start date. If community service is expected to continue beyond 6 months, enter 6 months from start date. A new form is required every 6 months.