Community Service/Volunteer Verification Form

Volunteer Name _____

Operation Love Outreach Ministries

Address: P.O. Box 6260 Katy, Texas 77491

Office: (832) 310-4508/ **Fax:** (832) 674-7023 **E-mail:** OPERLOVE2018@gmail.com

Date	**# of hours performed**	**Volunteer Service Performed/Event**	**Staff Signature** (*By signing this form, I verify the number of hours indicated are correct for the stated individual*.)

Total Number of Hours Volunteered: _____

***Operation Love Outreach Ministries does not provide copies of volunteer hours if lost or misplaced. Please keep a copy of completed community service forms in the case it is lost or destroyed.**