



**NCAP Community Service Verification Form**

This form is to verify that \_\_\_\_\_ completed \_\_\_\_\_ hours as a  
(Volunteer Name)

volunteer for \_\_\_\_\_ on  
(Organization Name)

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Location: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Activity: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

and should obtain community service credit for participating.

\_\_\_\_\_  
Printed Name of Supervisor at Volunteer Site

\_\_\_\_\_  
Signature of Supervisor at Volunteer Site

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone Number

Approved Texas Health Community Time Off project: \_\_\_\_ Yes \_\_\_\_ No

\_\_\_\_\_  
Signature of Texas Health Manager

\_\_\_\_\_  
Date