

Agency Verification of Hours Form

Agency Name/Event Title: Adopt-A-Block (IVRPD) Date: _____

Address: 961 Embarcadero del Mar, IV

Group: _____

Service event in Isla Vista? Yes/ No

Member's Name	Number of Hours Completed
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Total Number of Members that
Volunteered: _____

Total Number of Hours that Members
Volunteered: _____

Signature of Agency Member: _____

Agency Phone #: 805-968-2017 ext. 24

NOTE TO AGENCY MEMBER: By signing this form, you are verifying that the above number of hours and amount of volunteers indicated are correct.

You will need to make multiple copies of this form for your members to take with them to each service event that they attend