



# amsa

American Medical Student Association

## Volunteer Hours Verification Form

Please print this form and complete the top half of this sheet and request that the supervisor of the organization/volunteer site complete the bottom half. It is in your best interest that you make a copy of this signed form, once it is complete, to keep for your records. Return this form to an officer of the Humanitarian Committee or email to: [amsa.unlv.hc@gmail.com](mailto:amsa.unlv.hc@gmail.com)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Organization Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Event Title (if applicable)	Total Number of Volunteer Hours

\_\_\_\_\_  
Signature of Volunteer Date

\_\_\_\_\_  
Signature of Supervisor Date