



IN-KIND VERIFICATION FORM

I, _____ acknowledge that I have volunteered the following hours to the South Central Community Action Program Inc. Circles™ Initiative.

Signature of Volunteer: _____

My occupation is (please circle): Retired Student Entertainment/Recreation
 Healthcare Legal Government Faith Based Business
 Education Social Service Trade Other: _____

Volunteer Job Description (CHOOSE ONE & write in below): Child Care, Clerical, Food Prep/Serve, Ally, Guiding Coalition, Public Relations/Education, Resource Solicitation, Training, Meal Donation, Transportation, Materials

DATES	VOLUNTEER JOB DESCRIPTION	# HOURS VOLUNTEERED
TOTAL HOURS VOLUNTEERED:		

Remember to include preparation and travel time in the hours volunteered.

FINANCE USE ONLY:

Total Hours: _____ Hourly Rate: _____ Total: _____