

PRO BONO RECOGNITION PROGRAM 2017-18

WORK VERIFICATION FORM

Hours Worked between May 1, 2017 and April 30, 2018
Due by Friday, April 13, 2018

Complete this form including the **nature of your volunteer work, your supervisor's signature and your signature certifying the total hours you volunteered.** View the Pro Bono Recognition Program summary for additional information.

Name:		Date:	
Address:			
City:	State:	ZIP:	Phone #:
Year in School:	Years previously recognized?	Email:	

I certify that during the period from May 1, 2017 to April 30, 2018 I worked a total of _____ hours of Pro Bono work (not for credit or compensation).

Law Student Signature

Date

Volunteer Activities (50 TOTAL HOURS REQUIRED)

Activities may be combined to reach a total of 50 hours. Please indicate **specific volunteer events, duties or responsibilities, dates and hours.** If volunteer activities were repetitively scheduled, such as teaching a 2-hour class twice a week for 10 weeks, indicate this and write cumulative hours.

Organization:		
Organization Address:		
Phone:	Email Address:	Total Hours Worked:
Supervisors extension:		
Date Worked:	Description of Activities:	Recorded Time:
Supervisor Name:		
Supervisor Signature and Date:		

Organization:		
Organization Address:		
Phone: Supervisors extension:	Email Address:	Total Hours Worked:
Date Worked:	Description of Activities:	Recorded Time:
Supervisor Name:		
Supervisor Signature and Date:		

Organization:		
Organization Address:		
Phone: Supervisors extension:	Email Address:	Total Hours Worked:
Date Worked:	Description of Activities:	Recorded Time:
Supervisor Name:		
Supervisor Signature and Date:		

Completed forms are due by April 13, 2018