

Project MYSELF Volunteer Service Documentation Form

Dear Agency Representative,

Thank you for providing a great volunteer opportunity to a participant of Project MYSELF. Our program requires that every participant documents his/her volunteer service hours in order to receive full credit for their involvement with your agency. Please complete the form below for your volunteer. You may be contacted by Project MYSELF staff to confirm the information provided.

Date: _____

Name of Organization: _____

Address: _____

Volunteer Name: _____

Volunteer Position (responsibilities): _____

Volunteer Start Date: _____

Volunteer End Date: _____

Total Volunteer Hours Performed During Period Specified Above: _____

Name of Volunteer's Supervisor: _____

Supervisor's Signature: _____

Supervisor Phone: _____

Supervisor Email: _____

Completed forms are to be mailed or faxed to:

Project MYSELF
Institute for Families
School of Social Work
Rutgers, The State University of New Jersey
100 Joyce Kilmer Avenue
Piscataway, NJ 08854
(732) 445 4154 (fax)

All documentation forms **must be** submitted by the following:

Fall Semester: **January 1st is the deadline** for all documentation to be submitted

Spring Semester: **June 1st is the deadline** for all documentation to be submitted

Please Note: Participants **do not** have to volunteer in the summer.

Late documentation forms will not be accepted.