Volunteer Event Verification Form

To be completed by the student:

Your First & Last Name (printed): ______________________________________________________

Name of Event or Task: ______________________________________________________________

Date of Event: __________________________ Location of Event: ____________________________

Start Time: ___________ End Time: ___________ Total hours: ____________________________

Volunteer Type (check one):  ☐ Peer Advisor  ☐ OEA Scholarship Recipient

To be completed by OEA Staff or Event Coordinator: Please sign below to verify that this student has completed the aforementioned event and that all information is accurate to your knowledge.

First & Last Name: ___________________________________________ Email: __________________

Signature: ___________________________________________ Date: _________________________

Note to Student: Submit this completed form to the front desk in OEA (CHHS 256) or scan and email completed form to edabroad@uncc.edu

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