

State
Employees
Responding as
Volunteers Program

COMMONWEALTH OF MASSACHUSETTS
HUMAN RESOURCES DIVISION
SERV PROGRAM
June 2007



VERIFICATION OF VOLUNTEER SERVICES LEAVE

Name of Volunteer: _____

State Agency: _____

Work Location: _____

Work Phone #: _____

TO BE COMPLETED BY THE AUTHORIZED PROGRAM SUPERVISOR: This is to certify that the above-named employee of the Commonwealth participated in the following volunteer service (circle one):

Mentoring (MA): Tutoring Site-based Community-based

School Volunteer (MA): Public School Charter School

Foster Care (MA):

Community Service Leave (MA):

Education Environment Health Human Services Public Safety

Program Name/Address: _____

Date of Service: _____

Time arrived: _____ **Time departed:** _____ **Total hours volunteered:** _____

Description of the service provided by volunteer:

Statement on quality/usefulness of service provided:

I certify that the volunteer has not been awarded and will not receive any compensation or reimbursement by the organization or entity for the volunteer work performed. This is not a political organization. In addition the volunteer activities do not promote religion as the Massachusetts State Constitution (Amendment XVIII, § 2) prohibits public funds from supporting religious institutions.

Program Supervisor Signature

Date

Volunteer Signature

Date

Supervisor Signature

Date

Note: this form should be kept on file in the Agency Human Resources Office.