

VISION Volunteer Center  
LBC Service Verification

<b>Name:</b>	<b>EID:</b>
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<b>SERVICE:</b>	
Volunteer site:	
Date:	Volunteer hours completed:
Supervisor name:	Signature:
Supervisor contact information:	

Volunteer site:	
Date:	Volunteer hours completed:
Supervisor name:	Signature:
Supervisor contact information:	

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Date:	Volunteer hours completed:
Supervisor name:	Signature:
Supervisor contact information:	

Total hours:
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CONFIRMATION	
Submitted through My.Emich by:	Date:
Entered into VISION database by:	Date: