



## Verification of Volunteer Service

Complete the below portion of this Agreement after your service and **return a copy to Human Resource Services within 30 days of completing your volunteer service.**

**TO BE COMPLETED BY AN AUTHORIZED SUPERVISOR ASSOCIATED WITH THE CHARITABLE 501(c)(3) ORGANIZATION:**

UMB Employee First Name: \_\_\_\_\_ MI: \_\_\_ Last Name: \_\_\_\_\_

*This is to certify that the above named UMB employee participated in the following volunteer service:*

Organization Name: \_\_\_\_\_

Organization Address: \_\_\_\_\_

Organization Contact: \_\_\_\_\_ Phone#: \_\_\_\_\_

Date of Service: \_\_\_\_\_ Hours of Service: \_\_\_\_\_

Description of the service provided by the volunteer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*I certify that the volunteer service has been performed in conjunction with an organization that has a valid 501(c)(3) designation from the Internal Revenue Service. The activity performed was not partisan or for-profit and did not promote religious beliefs or influence legislation, governmental policy, or election to public office. I further certify that the participating employee did not receive any direct compensation or benefits for the service.*

Program Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY EMPLOYEE:**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee's Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return Completed Form to:**

Human Resource Services, 620 W. Lexington St., Third Floor, Baltimore, MD 21201

Email [HRWell@umaryland.edu](mailto:HRWell@umaryland.edu)