Jindal OutREACH Volunteer Hour Verification Form

Please be advised, all service hour opportunities must meet the Jindal OutREACH Service Project Guidelines published on the Jindal OutREACH website. Be sure to read these carefully, as hours that do not follow the published guidelines will not be tracked for credit towards BA 4095. Verification forms can be submitted for tracking via the Jindal OutREACH website. All fields must be complete. Forms must be submitted within 30 days of service.

Student Name: ________________________________________________________ UTD ID #: _____________________________

Student UTD Email: ________________________________________________________@ UTDallas.edu

Organization Name: __________________________________________________________________________________________

Is this Organization a Jindal OutREACH Community Partner or UTD organization?     Yes [ ] No [ ]

(Hours from non-partners may still be submitted but must adhere to Jindal OutREACH service guidelines)

Event Name (if applicable): ____________________________________________________________________________________

Duties/ Description of Service Rendered: _________________________________________________________________________

________________________________________________________________________________________________________

Date:___________________________ Start Time: ____________________________End Time: ___________________________

Date:___________________________ Start Time: ____________________________End Time: ___________________________

Date:___________________________ Start Time: ____________________________End Time: ___________________________

Total Hours Worked:

A valid start and end time must be provided for each date. If necessary, an additional sheet may be included if signed by supervisor.

Supervisor Statement : I verify that the above information is correct, and that the student did not receive any compensation for their efforts. I have included accurate contact information below in case additional verification is necessary. All fields below must be completed.

Supervisor’s Name (please print): ______________________________________________________________________________

Supervisor’s role in organization: ______________________________________________________________________________

Supervisor’s email: ________________________________________________________Phone: ____________________________

Supervisor Signature: _______________________________________________________Date: _____________________________

For Jindal OutREACH Office Use Only:

Date Submitted: _______________________________________Approved [ ] Denied [ ]

Approved by: ____________________________________ Entered in VOMO: __________________________

If Denied, please list why: ____________________________________________

Form Updated 8/1/2019