

# Volunteer Verification

**Instructions:** If you have volunteer experience *in the physical therapy field and/or with patients or clients*, please have your supervisor fill out this verification form and submit it with your scholar admission application. If you have volunteered at more than one facility, please include verification of each experience. **NOTE:** A minimum of 100 volunteer hours are needed to be considered for the scholar application, so if your cumulative hours are less than 100 there is no need to submit proof/verification.

This statement is to confirm that \_\_\_\_\_ is or has  
*Name of Volunteer*

volunteered with \_\_\_\_\_ from \_\_\_\_\_ to  
*Name of Organization* *Start date*

\_\_\_\_\_. They accumulated \_\_\_\_\_ total hours.  
*End date*

This individual's duties and responsibilities are/were as follows:

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\_\_\_\_\_  
Printed Name of Supervisor / Title

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
City, State, Zip