

## FORM C: VOLUNTEER WORK VERIFICATION FORM

I confirm that \_\_\_\_\_ has completed \_\_\_\_\_ hours of volunteer/work experience as required for the Towson University Masters in Child Life, Administration and Family Collaboration.

Institution: \_\_\_\_\_ City, State: \_\_\_\_\_

Type of experience:  Intern/Volunteer       Fellowship       Paid work

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

By signing below, I verify that the above student completed \_\_\_\_\_ hours of volunteer/work experience with children and families with special health care needs.

Signature/Credentials: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Work Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_