



CDSS Employment/Volunteer Verification Form

Name: Last _____ First _____ M.I. _____

Agency: _____ Job title: _____

Address: _____

City: _____ State _____ Zip _____

Email: _____

Phone: _____ 2nd Phone: _____

BlazeSports Membership # _____

Disability Sport Direct Service Summary

Dates of Service	Program Name	Position	Duration of service*	Verification**
				___yes ___no
				___yes ___no
				___yes ___no
				___yes ___no
				___yes ___no
				___yes ___no
				___yes ___no

Total experience: _____

**Duration of Service: Number of hours of service is not required. Estimates of service by month, year or season are satisfactory.*

Signature of Applicant

Date

Verification of Service: As supervisor or manager to the CDSS candidate above, I hereby attest to the accuracy of the service experience detailed on this form.

Signature of Supervisor

Phone

Supervisor Name, Title, Organization

Date