UNIVERSITY OF NORTH DAKOTA
OCCUPATIONAL THERAPY DEPARTMENT

Volunteer Work Verification Form

To the student: You are expected to document the number of hours you volunteer in a facility. Please have your supervisor sign to verify your work.

Name of Student: _____

Name & Address of Facility or Organization	Number of Hours in each area (Exp. PD, Psych, Gero., Peds., etc….)	Signature of Supervisor or Volunteer Coordinator: