



ThirdFederal
FOUNDATION



THE STEFANSKI SERVICE SCHOLARSHIP PROGRAM VOLUNTEER DOCUMENTATION FORM

Volunteer Event / Location: _____

_____ Date of event: ____/____/____

Sponsoring Organization / Individual: _____

STUDENT NAME:	VOLUNTEER NAME(S):	PHONE #:	TIME IN:	TIME OUT:	TIME WORKED:
		() -			
		() -			
		() -			
		() -			
		() -			
		() -			
		() -			

Sponsorship Representative: _____

Signature: _____ Date of event: ____/____/____

Printed Name / Title () - Phone Number

*** FAILURE TO COMPLETE THIS FORM AND OBTAIN AN AUTHORIZED SIGNATURE
WILL RESULT IN FORFEIT OF CREDIT FOR VOLUNTEER HOURS.**

Please return the completed form Gini Durham
6550 Baxter Avenue - Cleveland, OH 44105
Any questions? (216) 441-4700 x227