

SERV Verification Form of Volunteer Services

You should submit the original of this signed form to your state agency human resources or payroll office.

Part 1 - To be completed by the state employee SERV volunteer

Your Name:

Your Employee ID

Your State Agency:

Your State Agency Address:

Your State Work Phone #:

Type of volunteer organization in Massachusetts (Check one)

- Public School including Charter Schools
 Other educational volunteering
 Youth Mentoring
 Environment
 Health
 Human Services
 Public Safety

Volunteer Program Name/Address:

Date of Volunteer Service:

Time you arrived at volunteer site:

Time you departed from volunteer site:

Total hours volunteered excluding lunch break: **VOL** hours to put on timesheet

Describe your volunteer duties performed today:

Volunteer Signature

Date

Part 2 - To be Completed by the Volunteer Organization

Please ensure that all fields above are completed by the volunteer before signing.
I certify that the volunteer has not been awarded and will not receive any compensation or reimbursement by the organization or entity for the volunteer work performed. This is not a political organization. In addition the volunteer activities do not promote religion as the Massachusetts State Constitution (Amendment XVIII, § 2) prohibits public funds from supporting religious institutions. I have visited www.mass.gov/serv and read the SERV program guidelines (http://www.mass.gov/Eoaf/docs/hrd/policies/leave/serv_guidelines.doc) to learn more about the SERV program.

Volunteer Organization Signature

Date