



**AmeriCorps**

## VERIFICATION OF SERVICE SUPPLEMENTAL HOURS FORM

\_\_\_\_\_ has completed hours of service from \_\_\_\_\_ to \_\_\_\_\_ on  
 (Print AmeriCorps Member Name) (Insert time, include am/pm)

\_\_\_\_\_ at  
 (Date)

\_\_\_\_\_ for  
 (Location of Service Event/Hours)

\_\_\_\_\_ for  
 (Name of Organization/Agency served with/for)

**Description of Service Activities (please be specific): -**

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**While serving I had access to vulnerable populations:** *please circle one*      Yes      No

Member Print Name: \_\_\_\_\_ Member Signature: \_\_\_\_\_

Agency Staff Print Name: \_\_\_\_\_ Agency Phone Number: \_\_\_\_\_

Agency Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Always get permission prior to supplemental service from STEP AmeriCorps staff to ensure these hours will be counted. Record these hours in the OnCorps time tracking system, and in the description line next to these hours, please make note of this service activity. For example, write "Served with Habitat for Humanity." Please inform your site supervisor that the service has been approved by STEP AmeriCorps, so that your site supervisors is aware of these extra hours prior to approving your timesheet.*

*Turn in this form to STEP AmeriCorps immediately following the completion of supplemental service hours.*