



204 – 210 West Broadway  
Vancouver, BC, V5Y 3W2  
Telephone: 604-737-3086 • Fax: 604-737-3124

## Confirmation of Community Service

(can be an official volunteer position or arranged privately)

I would like to confirm that \_\_\_\_\_ has completed \_\_\_\_\_ hours of Service in the community.

Organization / Business name: \_\_\_\_\_

The specific job or duty performed in/for the community was: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The activity was completed on, or between the following dates: \_\_\_\_\_ - \_\_\_\_\_

Name of Supervising adult: \_\_\_\_\_

Contact Phone number of supervisor: \_\_\_\_\_

Performance comments (optional): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_