



Community Service Verification Form

Guardian:

Today's Date:

Please note that we have recorded you as working a total of _____ volunteer hours at the following events:

Guardian Signature

Volunteer Signature

ORGANIZATION	ACTIVITY	DATES	HOURS SERVED
Total Hours:			

Please feel free to use this letter as verification of hours served and contact TPDS INC if you need any further verification.

As you know, TPDSINC is a 501 (c) (3) nonprofit organization. The program, delivers community-based outreach services through our donation and food programs. We also provide parenting enrichment and Mental Health Targeted Case Management services to children and adults with mental disability. TPDS INC encourages healthy lifestyles, fosters independence and inclusion, and promotes personal empowerment.

We are so grateful for your willingness to serve as a Volunteer of TPDS INC.

Signature of Program Representative: _____

At TPDS, volunteers are encouraged to serve with integrity, diligence, care, and excellence. TPDS also partners with other community organization to provide community outreach. All service hours must be documented through TPDS INC. Community service must be volunteered directly with TPDS or with a partnered school, church, or community organization. Please note that Community service is not where the volunteer receives remuneration of any kind.