



GEORGIA STATE UNIVERSITY
BYRDINE F. LEWIS SCHOOL OF NURSING &
HEALTH PROFESSIONS

VOLUNTEER VERIFICATION FORM

Student Information

Name: _____ Panther ID# _____
(Please Print)

Email: _____ (must state a valid email address)

Student Signature: _____

Date: _____

Volunteer Representative

Information below to be completed by representative/individual overseeing the volunteer event(s)

Name of Organization: _____

Address: _____
Street Address City State Zip

Type of work the student engaged in:

Date (s) of Service Complete _____ Hours Completed _____

Signature of Volunteer Representative: _____

Title: _____ Phone Number: _____

Date: _____
