

VOLUNTEER VERIFICATION FORM

| Personal Information: | Date of Application |
|-----------------------------------------------|----------------------|
| reisonal information, | Date of Application: |
| Full Name: | |
| | |
| Your volunteer organization: | |
| | |
| Name: BENTON FRANKLIN HUMANE SOCIETY | |
| | |
| Address: 1736 E 7th Ave Kenne | wick, WA 99337 |
| | |
| Your average number of volunteer hours/month: | |
| | |
| | |
| | |
| Signature of organization employee: | |
| | |
| Signature: | |