

## Volunteer Engagement: Mandated Community Service Volunteer Agreement

Name:	Case #:
Address:	City/Zip:
Phone	Email:
Total # Hours to be completed:	Completion Due Date:
<u>Letter of Completion:</u> Contact the Volunteer Engage to request a letter of completion at least <b>five (5) busi</b>	ement Team <b>909-478-1176</b> or volunteer@habitatsb.org
Delivery preference:  ☐ Pick up letter in person	
	(name/email)
☐ Mail letter to (complete as applicable):	(riame, email)
☐ Court ☐ School ☐ Company	
Institution Name:	
Department:	
Attention:	
Address:	
City/Zip:	
City/Zip:	
City/Zip: <u>Acknowledgement:</u> I understand that all volunteer hours must be tracked	and verifiable. Supervisors may deduct time for any it San Bernardino's volunteer guidelines and procedures.

In partnership,

Volunteer Engagement Team 909-478-1176 volunteer@habitatsb.org