



Volunteer Hours/ Community Service Form

#SeeHunger

Name of Individual: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: (_____) _____ Email: _____

Name of School/Church: _____

Name of the 30HR Famine Group Organizer: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: (_____) _____ Email: _____

Date of Famine Event: _____ Today's date: _____

ATTN: SUPERVISOR OF PLANNED COMMUNITY INVOLVEMENT FOR STUDENTS OR OTHER

(Individual's Name) _____

10 hrs of community service 40 hrs of community service

Other _____

The person named above has done a wonderful thing to help children living in poverty. He/she has completed or helped lead a 30 Hour Famine event, and has raised money so World Vision can extend life-saving help to children in need worldwide. This person is a true hero! If you have any questions about this letter or our program, please contact us at famine@worldvision.ca. Thank you for supporting our program and this remarkable individual.

This form must be signed by your teacher, principal or famine leader who will confirm that you have completed the 30 Hour Famine (must be 18 years of age or older) and submitted to the institution that tracks your volunteer hours.

Signature

Name/Title (please print)

SEE HUNGER: 30 HOUR FAMINE


World Vision
For Children. For Change. For Life.