

FAMU Volunteer Service Confirmation Letter Template
(For Clubs, Organizations, Departments, and External Community Partners)
Sections indicated with a (*) are optional to include

[Organization or Agency Letterhead Required]
(Insert official logo, address, phone number, email, and website here)

[DATE WRITTEN]

To Whom It May Concern,

This letter serves as verification that the student(s) listed below completed volunteer service with **[Organization/Department/Agency Name]**. The service was performed at:

Site/Location: _____

Type of Service Performed: _____

Service Description (brief) include the total number of hours awarded as well: _____

Service Date(s) & Timeframe: _____

(Example: August 25–26, 2025, from 8:00 a.m. – 5:00 p.m.)

***STUDENT SERVICE VERIFICATION TABLE – Optional: only complete if more than one student from FAMU performed service.**

Please complete all information except the FAMU ID#, which students may write in before submission.

Full Name of Student	FAMU ID (Student Fills In)	Hours Awarded
_____	_____	_____ hrs

(Add more rows as needed.)

***If students completed more than 11 hours, served multiple days, or over more than one week, a detailed daily volunteer log MUST be attached for verification. The Individual Service Site Volunteer Log template can be used here. The log must include:**

<ul style="list-style-type: none">• Each service date• Time in/time out	<ul style="list-style-type: none">• Tasks performed• Daily hours	<ul style="list-style-type: none">• Supervisor initials
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SUPERVISOR / SITE VERIFICATION (Required)

I verify that the information provided above is accurate and that the student(s) listed completed the stated number of volunteer hours.

Supervisor Signature (Wet Signature or DocuSign Only):

Supervisor / Site Advisor Name: _____

Title/Role: _____

Organization/Agency: _____

Work Email (No Personal Emails): _____

Work Phone Number: _____

THINGS TO INCLUDE ON LETTER OR FORMS

1. Must be on official letterhead
2. Student's full name
3. FAMU ID number
4. Total number of hours awarded
5. Brief description of the service provided and the timeframe
 - a. (e.g., "Two days – August 25 & 26, 8:00 a.m.–5:00 p.m. (9 hrs)")
6. Itemized tracking is strongly encouraged for recurring service with the same group
 - a. (e.g., date • brief description • time in/out • hours earned • advisor or site supervisor initials)
7. Name of the organization/entity the service was completed for
8. Full name, email, and phone number of the site supervisor or advisor who oversaw the service
9. Signature (only wet/original or DocuSign accepted. No font/type)