



Volunteer & Service Day Certification

Please fill out this form when completing volunteer or service day hours with another organization/event outside of mandatory PALA Service Days. Allies must clear the volunteer position or event with their Program Manager prior to completing hours.

Ally Name: _____

Program Year: _____

Organization/ Event Name: _____

Volunteer Site Supervisor Certification: *I certify to the best of my knowledge the Ally provided service to our organization or project as recorded on the attached timesheet(s).*

_____	(Signature)	_____	(Date)
_____	(Typed or Printed Name)	_____	(Title or Position)

Ally Certification: *I certify that I performed the service hours listed, and that the attached timesheets are an accurate representation of my service.*

_____	(Signature)	_____	(Date)
_____	(Typed or Printed Name)	_____	

Public Allies Program Manager/Director Certification: *I certify to the best of my knowledge that the volunteer's time was spent in the manner described and in the duration identified on the attached timesheets.*

_____	(Signature)	_____	(Date)
_____	(Typed or Printed Name)	_____	(Title or Position)

