

Return to:

Attn: \_\_\_\_\_

**FAMILY INVESTMENT ADMINISTRATION**  
**VERIFICATION OF ACTIVITY PARTICIPATION**

Name: \_\_\_\_\_ D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Last 4 digits of SSN: \_\_\_\_\_

**To verify participation in an activity, this form must be completed/signed by both the Participant and Supervisor and can be used for combined activity reporting.**

I take part in the activity or activities listed below.

**Participant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>1 To be completed by the Participant:</b> (complete for each volunteer, education, job readiness or work activity)				
Activity Type: (check one)	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Education	<input type="checkbox"/> Job Readiness	<input type="checkbox"/> Work
Name of organization:	Street Address:			
	City, State, Zip:			
Supervisor's name:				
Supervisor's phone number:				
<b>To be completed by the Supervisor:</b>				
What are the individual's participation hours per week? (example: 8:00 a.m. to 1:00 p.m./3 days per week)				
Hours:	days per week:			
<b>My signature verifies that the information I have provided is true/correct and the individual named above currently participates for the reported number of hours/days per week.</b>				
<b>Supervisor's Signature:</b> _____ <b>Date:</b> _____				

<b>2 To be completed by the Participant:</b> (complete for each volunteer, education, job readiness or work activity)				
Activity Type: (check one)	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Education	<input type="checkbox"/> Job Readiness	<input type="checkbox"/> Work
Name of organization:	Street Address:			
	City, State, Zip:			
Supervisor's name:				
Supervisor's phone number:				
<b>To be completed by the Supervisor:</b>				
What are the individual's participation hours per week? (example: 8:00 a.m. to 1:00 p.m./3 days per week)				
Hours per:	days per week:			
<b>My signature verifies that the information I have provided is true/correct and the individual named above currently participates for the reported number of hours/days per week.</b>				
<b>Supervisor's Signature:</b> _____ <b>Date:</b> _____				