



INDIANA FORECLOSURE PREVENTION NETWORK

HoosierCorps

VOLUNTEER VERIFICATION OF HOURS FORM

Directions about how to complete this form are on the following page.

Volunteer Name _____

Name of Agency _____

Agency Phone Number _____

Agency Address _____

Name of Site Supervisor _____

Dates and hours served (please include month, day and year):

Date	Activity	Hours		Date	Activity	Hours
TOTAL HOURS SERVED				TOTAL HOURS SERVED		

First day of service at this agency: ___/___/___

Anticipated last day of service at this agency: ___/___/___

Volunteer Signature _____

Site Supervisor Signature _____



INDIANA FORECLOSURE PREVENTION NETWORK

HoosierCorps

DIRECTIONS FOR COMPLETING THE VOLUNTEER VERIFICATION OF HOURS FORM

Directions for completing this form:

- Please print neatly.
- Use one form per agency. You may copy this form.
- Please fill in the entire form. When recording dates, please include month, day, and year.
- Once you have completed 20 hours of approved volunteer service, have your volunteer coordinator/manager sign the forms.
- Once signed by you and the volunteer coordinator/manager, make 2 copies – one for your records, and one for the agency. Return all forms to the HHF Counselor that was assigned to you.



INDIANA FORECLOSURE PREVENTION NETWORK

HoosierCorps

COMPELLING CIRCUMSTANCES FORM

Volunteer Name _____

Name of Agency _____

Agency Phone Number _____

Agency Address _____

Name of Site Supervisor _____

Start date of service at this agency: _____

Last date of service at this agency: _____

Do you expect to be able to return to HoosierCorps?

Yes ___ No ___ Not Sure ___

If 'yes,' what date do you expect to return? _____

Please describe the compelling circumstances that have affected your ability to complete your participation in HoosierCorps.



INDIANA FORECLOSURE PREVENTION NETWORK

By signing below, I certify that the compelling circumstances described above are true and correct.

Volunteer Name (Signature)

Volunteer Name (Printed)

Date



INDIANA FORECLOSURE PREVENTION NETWORK

HoosierCorps

VOLUNTEER EXIT FORM

Volunteer Name _____

Name of Agency _____

Agency Phone Number _____

Agency Address _____

Name of Site Supervisor _____

DATE OF EXIT ____/____/____

Reason for Exit:

By signing below, I certify that the information on this form is true and correct.

Volunteer Name (Signature)

Volunteer Name (Printed)

Date