



**THE MIRACLE LEAGUE OF GREEN BAY
VOLUNTEER SERVICE HOUR VERIFICATION FORM**
1900 Libal Street Green Bay, WI. 54301
Call: 920-544-0072

VOLUNTEER INFORMATION

FIRST AND LAST NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

DESCRIPTION OF SERVICE

LOCATION OF SERVICE: _____

DATE(S) OF SERVICE: _____ NUMBER OF SERVICE HOURS: _____

DATE(S) OF SERVICE: _____ NUMBER OF SERVICE HOURS: _____

DATE(S) OF SERVICE: _____ NUMBER OF SERVICE HOURS: _____

DATE(S) OF SERVICE: _____ NUMBER OF SERVICE HOURS: _____

DATE(S) OF SERVICE: _____ NUMBER OF SERVICE HOURS: _____

DATE(S) OF SERVICE: _____ NUMBER OF SERVICE HOURS: _____

DATE(S) OF SERVICE: _____ NUMBER OF SERVICE HOURS: _____

DATE(S) OF SERVICE: _____ NUMBER OF SERVICE HOURS: _____

DATE(S) OF SERVICE: _____ NUMBER OF SERVICE HOURS: _____

DATE(S) OF SERVICE: _____ NUMBER OF SERVICE HOURS: _____

BRIEF DESCRIPTION OF SERVICE PROVIDED: _____

THE MIRACLE LEAGUE OF GREEN BAY VOLUNTEER COORDINATOR: Shelly Curran

PHONE: 920-713-6562 EMAIL: scurran2001@gmail.com

THE MIRACLE LEAGUE OF GREEN BAY EXECUTIVE DIRECTOR: Gary Rogaczewski

PHONE: 920-615-6609 EMAIL: gary.rogaczewski@hshs.org

SUPERVISOR SIGNATURE: _____ DATE: _____

WEBSITE: <http://www.gbmiracleleague.com>

FACEBOOK: <https://www.facebook.com/AOMLofGreenBay>