

Recommendation/Documentation of Hours Request Form

- Please allow up-to **10 business days** for processing. We are unable to process walk-in requests.
- Please type into the form, save to your computer as a **.doc, .docx, or .rtf (if MAC)**, and include your last name in the file name, then attached your completed form to an email (CS_Volunteers1@atlantichhealth.org).

Date of Request: _____ Date Request is DUE: _____

Volunteer Name: _____

Volunteer Contact Info: _____

Reason for Request: _____

You are requesting:

____ **Documentation of Hours**

____ **Specific Form** Please fill out all items that you can fill out, such as your name, school contact info, etc.

____ **Letter** [You must clarify any specifics needed in the letter, such as Name(s), Title(s), Address(es) of the persons to whom the letter(s) should be sent].

Where request should be sent:

____ Mailed to: (Name & Complete Address): _____

____ Emailed to: _____

____ Available for Pick Up -- Contact number to call: _____

Additional Notes _____

6/25/24