



C.A.L.L. Service Hours Verification Form

Date(s) of Service: _____ Total hours worked: _____

Name: _____
(please print) (Signature)

Organization Served: _____

Address of service: _____

Description of Service: _____

I hereby acknowledge that the above service was provided satisfactorily as stated above.

Organization contact person, phone number, email:

_____ (contact name) _____ (phone number)
_____ (signature) _____ (email)

What are your Career Interests for the future? We may be able to suggest future volunteer hours with professionals in these areas.



Return to:
Cindy Leonard
Diocese of Phoenix
400 E. Monroe St.
Phoenix, AZ 85004