

American University Washington College of Law
Pro Bono Honors Pledge Program

**COMMUNITY SERVICE
TIME VERIFICATION**

(To be used for non-legal volunteer hours in place of Student Time Log)

Contact Information

Student Name: _____

Supervisor Name/Title: _____

Organization Name: _____

Address: _____

Phone Number: _____ E-mail: _____

Project Information

Total Hours Volunteered: _____ Date(s): _____

Description of Tasks: _____

**The student whose name appears above has completed the reported
number of volunteer hours:**

Supervisor's Signature: _____ **Date:** _____