Applied Ethics Institute
St. Petersburg College

Ethics in the Community
Volunteer Verification Form

Student Name _____Student #_____

Ethics Instructor _____Course # _____ Semester _____

Student Address _____

Student Phone # _____

Name of Organization _____

Organization Address _____

Organization Phone # _____

Name of Supervisor or Contact _____

Supervisors Phone # _____

Date and Time	Hrs Completed	Task Preformed	Supervisors Signature