

VOLUNTEER VERIFICATION FORM

Personal Information:		Date of Application:
Full Name:		
Your volui	nteer organization:	
Name:	Humane Society of Huron Valley	
Address:	3100 Cherry Hill Road, Ann Arbor, MI 48105	
Your avei	rage number of volunteer hours/month:	
Signature of organization employee:		
Signature:	Patter	volunteers@hshv.org