

VOLUNTEER HOURS/COMMUNITY SERVICE FORMS

Name of Individual: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Home phone number: _____ Email address: _____

Name of School/Church: _____

Name of the 30 Hour Famine Group Organizer: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home phone number: _____ Email address: _____

Date of Famine event: _____ Today's date: _____

Attn: Supervisor of Planned Community Involvement for Students or other

(Individual's name) _____

10 hrs of community service

40 hrs of community service

Other

Through the efforts of this individual, a 30 Hour Famine event was completed, and funds have been received by World Vision that will be used to fund programs for children in need worldwide. If you have any questions regarding this letter or our program, please contact us at famine@worldvision.ca. Thank you for your support of our program and for this individual.

30 Hour Famine
World Vision Canada
1 World Drive, Mississauga, ON L5T 2Y4

Signed by authorized teacher, school representative, or other authorized individual who will confirm that you have completed the 30 Hour Famine (must be 19 years of age or older):

Signature

Name/Title (please print)