Junior Achievement
Mandatory Verification Record

Volunteer's Name_____EVENT ID#_____

Company_____ Professor: _____

Classroom Teacher's Name: _____Grade: _____

School: _____# of students: _____

☐ Fall Semester ☐ Spring Semester ☐ Summer Session

DATE	TIME IN	TIME OUT	TOTAL TIME	ACTIVITY	TEACHER'S SIGNATURE

It is your responsibility to see that an accurate record of your participation is kept and that proper verification is secured. At the end of your assignment, return this record to your professor.

Total # of Visits_____Total number of hours completed in this experience_____

Date Started_____**Date Completed**_____

Volunteer's Signature _____

Teacher's Signature_____

Date_____

PLEASE RETURN THIS FORM TO VBEC IMMEDIATELY FOLLOWING YOUR COMPLETION OF LESSONS

Junior Achievement of the Coastal Bend - Victoria
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