



Group Volunteer Value Hours Verification

Please complete this form each day Volunteer Value service/work is done, have your hours verified by signature of the City of Roswell staff who supervised your volunteer service/work, and return to Volunteer Coordinator for your hours to be credited toward group Volunteer Value account.

Volunteer Name (Print): _____

Group Name (Print): _____

Number of Full Hours Worked: _____ Date Work Was Done: _____

(NOTE: Altering the number of hours worked after City staff has signed this form is prohibited and will result in disqualification of hours for credit and removal of your eligibility to donate volunteer hours in the future. Please be aware that your hours noted on this form may be checked by City Volunteer Coordinator contacting staff who signed below.)

Location of Work: _____

Type of Work: _____

I verify that I worked the hours as noted above and that I am donating the value of my volunteer service to the group I have listed. The hours worked will be credited to the group's Volunteer Value account. I also acknowledge that I will receive no personal payment or personal compensation for my volunteer service.

I further certify that all the information contained herein is true to the best of my knowledge. By signing this form, I hereby acknowledge and agree that I am not an employee or agent of the City of Roswell and that I am not entitled to any remuneration or benefits provided to employees of the City of Roswell, including but not by way of limitation, wages, retirement, worker's compensation, insurance or disability.

I do hereby agree, for myself, my heirs, my personal representatives and assigns to release, waive and hold harmless the City of Roswell, its officers, employees and agents from any and all claims for damages resulting in injury, including death, or damage to or loss of personal property, including any vehicle operated by me, which occurs in connection with or arising out of my participation in the aforesaid volunteer activities.

Volunteer Signature: _____ Date: _____

This section to be completed by City Staff overseeing service/work completed by the volunteer listed above.
By signing as an employee of the City of Roswell, I verify the group member/volunteer worked the hours described above

Staff Name (Print): _____

Staff Signature: _____ Date: _____