



## CDSS Employment/Volunteer Verification Form

Name: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Agency: \_\_\_\_\_ Job title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ 2nd Phone: \_\_\_\_\_

### *Adaptive Sport/Physical Activity Direct Service Summary*

Dates of Service	Program Name	Position	Duration of service*	Verification**
				___yes___no
				___yes___no
				___yes___no
				___yes___no
				___yes___no
				___yes___no
				___yes___no

Total experience: \_\_\_\_\_

*\*Duration of Service: Number of hours of service is not required. Estimates of service by month, year or season are satisfactory.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Verification of Service:** As supervisor or manager to the CDSS candidate above, I hereby attest to the accuracy of the service experience detailed on this form.

\_\_\_\_\_  
*Signature of Supervisor*

\_\_\_\_\_  
*Phone*

\_\_\_\_\_  
*Supervisor Name, Title, Organization*

\_\_\_\_\_  
*Date*