



CDSS Direct Service Verification Form

This form should be use to verify and log direct service volunteer or work experience for a single event or a single season within a program or organization.

Name: First: _____ M.I.: _____ Last: _____

Email: _____

Phone: _____ CDSS #: _____

Agency: _____

Address: _____

City: _____ State: _____ ZIP: _____

Contact Person: _____

Email: _____

Phone: _____

Type of direct service: _____

Date(s) of direct service: _____

Length of direct service: _____ hours x _____ days = _____ total hours

Description of Work:

Signature of agency contact: _____

Date: _____

CDSS applicants should use and keep this form as a record of any direct service activity not associated with a full or part-time job. Full or part-time work experiences will be verified on n a separate employment verification form.