



Submit to Professor Crystal Welch at cwelch@mc.edu

Please complete this form regarding the nature of your volunteer work and have your supervisor sign it. Make a copy of this form if you need additional space. Students must sign the last page.

Student Name: _____ Phone: _____

Address: _____ Graduation Date: _____

E-mail: _____ Date: _____

Have you submitted pro bono hours for a previous year? ____ Which year? _____

VOLUNTEER ACTIVITIES (60 HOURS TOTAL REQUIRED)

Calculate your time in .25ths (quarters). Hours may be combined to reach a total of 60. Please indicate specific volunteer events, duties, or responsibilities, corresponding dates, and recorded time.

Organization Name: _____ Organization Phone: _____

Organization Supervisor: _____ Organization E-mail: _____

DESCRIPTION OF ACTIVITY	DATES WORKED	RECORDED TIME
Total Hours Worked:		

Supervisor's Signature: _____ Date Signed by Supervisor: _____

As supervisor, I confirm that the aforementioned student has been under my supervision and/or the supervision of other employees of the identified organization. I certify that the above student has provided pro bono work (not for credit or compensation) on behalf of this organization.



Organization Name:_____ Organization Phone:_____

Organization Supervisor:_____ Organization E-mail:_____

DESCRIPTION OF ACTIVITY	DATES WORKED	RECORDED TIME
Total Hours Worked:		

Supervisor's Signature: _____ Date Signed by Supervisor: _____

As supervisor, I confirm that the aforementioned student has been under my supervision and/or the supervision of other employees of the identified organization. I certify that the above student has provided pro bono work (not for credit or compensation) on behalf of this organization.



Organization Name:_____ Organization Phone:_____

Organization Supervisor:_____ Organization E-mail:_____

DESCRIPTION OF ACTIVITY	DATES WORKED	RECORDED TIME
Total Hours Worked:		

Supervisor's Signature: _____ Date Signed by Supervisor: _____

As supervisor, I confirm that the aforementioned student has been under my supervision and/or the supervision of other employees of the identified organization. I certify that the above student has provided pro bono work (not for credit or compensation) on behalf of this organization.



Organization Name:_____ Organization Phone:_____

Organization Supervisor:_____ Organization E-mail:_____

DESCRIPTION OF ACTIVITY	DATES WORKED	RECORDED TIME
Total Hours Worked:		

Supervisor's Signature: _____ Date Signed by Supervisor: _____

As supervisor, I confirm that the aforementioned student has been under my supervision and/or the supervision of other employees of the identified organization. I certify that the above student has provided pro bono work (not for credit or compensation) on behalf of this organization.



STUDENT CERTIFICATION

I certify that on the above dates, I worked a total of _____ hours of Pro Bono work (not for credit or compensation).

MC Law Student Signature

Date Signed