

# Volunteering Activity Verification



Please attach this sheet to your Wellness Rewards Form and return to the Benefits Department **no later than 12/31/2026**.

**Employee Name** (please print): \_\_\_\_\_

## Volunteering for a Local Charity

This proof of visit confirms that the employee named above volunteered for a local charity for a minimum of two hours on the following dates (limit **two**):

Date 1: \_\_\_\_\_

Date 2: \_\_\_\_\_

Name of event: \_\_\_\_\_

Name of event: \_\_\_\_\_

