

Part 1- To be completed by the state employee SERV volunteer

Employee Name: _____ Employee ID: _____

Department: _____

Contact Phone #: _____ Email Address: _____

State Agency: WESTFIELD STATE UNIVERSITY, 577 WESTERN AVENUE, WESTFIELD, MA 01085

Volunteer Program Name: _____

Volunteer Program Address: _____

Date of Volunteer Service: _____ Time arrived: _____ Time departed: _____

Total hours volunteered excluding lunch break: _____

Describe (**in detail**) your volunteer duties performed today: _____

Employee Volunteer Signature: _____ Date: _____

Part 2- To be completed by the Volunteer Organization

Please ensure that all fields **above** are completed by the volunteer **before** signing.

I certify that the volunteer has not been awarded and will not receive any compensation or reimbursement by the organization or entity for the volunteer work performed. This is not a political organization. In addition, the volunteer activities do not promote religion as the Massachusetts State Constitution (Amendment XVIII, § 2) prohibits public funds from supporting religious institutions. I have visited www.mass.gov/serv and read the SERV program guidelines (<https://www.mass.gov/doc/serv-guidelines/download>) to learn more about the SERV program.

Volunteer Organization Signature: _____ Date: _____

Name: _____ Title: _____

Phone: _____ Email: _____



Email a copy of the completed form to Westfield State University HR at Benefits@westfield.ma.edu.

Once verified by HR Benefits, Payroll will be notified to enter timesheet code for paid volunteer leave.