



2017 Letter Carriers' Food Drive Volunteer Certificate

Volunteer information

Name _____

Address _____

Phone contact _____

Email address _____

Part of a group? (Name) _____

Volunteer activity

Date of activity _____

Location of activity _____

Brief description of activity _____

Number of activity hours _____

Volunteer activity verification

To be completed by leader

Name _____ NALC branch number _____

Address _____
City _____ State _____ ZIP _____

Phone contact _____ Email address _____

I attest that the volunteer listed above performed the listed volunteer activity.

Signature _____ Date _____

Check out the NALC food drive at nalc.org/food