

PRIORITIES *for* **CHANGE**

PROOF OF PARTICIPATION FORM

Must be completed by the Volunteer Coordinator from the participating 501(c)(3) organization.

I _____ certify that _____
Volunteer Coordinator Priority Automotive Employee

Volunteered for _____ number of hours on _____
Date

For _____
Name of 501 (c)(3) Organization

Volunteer Coordinator Signature

Date