



State Council of
Higher Education for Virginia

**GEAR UP Virginia (GUV) 2021-2028
CERTIFICATION OF VOLUNTEER TIME RENDERED**

_____ *School Name/District*

This is to certify that _____ (*Name*) rendered volunteer time in performing the following activities:

Total hours for the period are _____ at a rate valued at \$ _____ / hour.
The source for this rate: _____
Total value of the contribution: \$ _____

Date	No. of Hours	Date	No. of Hours
		TOTAL	

Volunteer signature: _____

Date: _____

Supervisor signature: _____

Date: _____