**HCFCCA APPLICATION FOR LETTER OF VOLUNTEERISM**

**Requirements**: The Maryland Child Care Credential program requires Professional Activity Units for levels two and higher. These units can be earned by volunteering in various capacities. After completing a minimum of **six**+ hours of approved work\* during the period of July 1st through June 30th, you can receive a HCFCCA letter of volunteerism. The term work\* means work the committee chair or Board member has asked you to do for the HCFCCA.

Instructions: Include all information for documentation. List type of volunteerism (i.e.: clean up, set up, phone calls, etc.). The form must be thoroughly completed and each item approved by the corresponding committee chair. Upon completion, present the form to the Volunteer committee chairperson for processing. Be sure to **keep a copy** of this completed form for your records.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please remember to document according to the following guidelines:

Time on phone – including name and phone number of place/person called.

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| Date | Details of Activity | Committee | Chair Signature | Time |
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TOTAL TIME EARNED = \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

President’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer Chair Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Certificate Issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_