Memorial University
Volunteer Incentive Program
Leadership or Experiential Learning Program Verification

Participant name: ________________________________________________________________

Program Attended: ___________________________________________ Date of Program: __________

What new skills have you developed through this program?

______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

How will I incorporate this experience into my future?

______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

[Verifier's name and contact info]: ________________________________________________________________

Signed: _________________________________ [student] Date: ________________________________

Signed: _________________________________ [verifier] Date: ________________________________

Access to Information and Protection of Privacy
The information on this form is collected under the authority of the Memorial University Act (RSNL 1990 Chapter M-7) and is used for the purposes of program administration. Questions about this collection and use of personal information may be directed to the Office of the Dean, Student Affairs and Services at 709-864-7595.