



South Dakota
Department of
Social Services

DEPARTMENT OF SOCIAL SERVICES
DIVISION OF ECONOMIC ASSISTANCE

PHONE:
FAX:
EMAIL:

April 13, 2026

Customer Name:

Customer DOB:

Dear _____,

The above referenced individual has authorized the release of information to the Department of Social Services. **Please complete this form to verify their volunteer or community service participation and return by fax or email to the contact information at the top of this page.** If you have received this through the mail, you may also return it in the enclosed self-addressed stamped envelope.

Our programs have increased responsibility in:

- ✓ Supporting individuals in meeting assigned volunteer or community service requirements; and
- ✓ Accurately documenting participation hours and service completion to ensure compliance with program requirements and to reduce the risk of a financial sanction against the State of South Dakota.

Thank you for taking the time to complete all the information requested on this form. Your help is very much appreciated. Please contact our office using the information at the top of this page if you have any questions.

Sincerely,

Economic Assistance Staff

To be completed by Economic Assistance Benefits Specialist before sending to volunteer site manager or providing to customer.

Volunteer/Participant Name:	
DOB: / /	
Volunteer Program/Site:	Address/Fax:

VOLUNTEER / COMMUNITY SERVICE VERIFICATION FORM

Volunteer Manager – Please complete entire form & return by email and/or fax to: _____

Section 1: Organization Information

Organization Name: _____

Organization Address: _____

Organization Phone Number: _____

Organization Email Address: _____

Organization Contact Individual Name: _____

Type of organization (check one or more):

Nonprofit Government School Faith-Based Other (complete): _____

Section 2: Volunteer Verification

Position/Role of Volunteer: _____

Service Location (if different than above): _____

Volunteer Start Date: _____

Volunteer Quit Date (if applicable): _____

Please complete for the current month (in which you received this) and the prior 6 months:

Month (current month & last six months)	Did the volunteer complete 80 or more hours of service?	If the volunteer <u>did not</u> complete 80 or more hours, how many hours did the volunteer complete?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Name & Title of Person Completing Form: _____

X _____

SIGN ABOVE