SAMPLE VERIFICATION OF EMPLOYMENT AS A VOLUNTEER

Required when the Associate is a volunteer

Date:
Associate name:
Employer name:

This letter serves as verification that (Associate’s name) was employed by (Employer’s name) as a volunteer from (Start date) to (End date).

______________________________
Employer’s Authorized Representative Printed Name and Title

______________________________
Employer’s Authorized Representative Signature

____________________________________
Date

NOTE:
This is a SAMPLE letter. The actual letter must be written on the employer’s letterhead. The ASW is required to submit this letter with the application for licensure.

Revised 01/2019