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 AMFT is required to submit this letter with the application for licensure.