

**Howard University School of Law  
Pro Bono Honors Pledge Program**

**COMMUNITY SERVICE TIME VERIFICATION**  
(To be used for non-legal volunteer hours in place of Student Time Log)

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Contact Information

Student Name: \_\_\_\_\_  
Supervisor Name/Title: \_\_\_\_\_  
Organization Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

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Project Information

Total Hours Volunteered: \_\_\_\_\_ Date(s): \_\_\_\_\_

Description of Tasks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**The student whose name appears above has completed the reported number of volunteer hours:**

**Supervisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_