



# Northeastern University

s c h o l a r s h i p  
C L A

## LaCLA Volunteer 1-Time Project Form

To be completed & submitted by the  
agency/organization

Today's DATE: \_\_\_\_\_

This form is to confirm that \_\_\_\_\_,  
(Volunteer name)

has taken part in \_\_\_\_\_  
(project/program name\*)

with \_\_\_\_\_  
(organization/agency name\*)

for a **total** of \_\_\_\_\_ hours, from \_\_\_\_\_ through \_\_\_\_\_.  
Start date End date

For questions or more information regarding the program, please call or email:

\_\_\_\_\_  
Print name (agency personnel)

\_\_\_\_\_  
Email

Sincerely,

\_\_\_\_\_  
Signature (Agency Personnel)

\_\_\_\_\_  
Title

\*Please attach information about the organization or project.

**Sara Rivera, M.Ed.**  
Northeastern University  
Latinx Student Cultural Center (LSCC)  
Tel. 617-373-5845/ Fax 617-373-7888/  
Email s.rivera@northeastern.edu

This form must be submitted **within 30 days** of completing the project.