



Volunteer Community Service Verification Form

To Whom It May Concern:

This is to acknowledge that _____ has completed
(print volunteer's name)

_____ of volunteer/community service by assisting Kaiser Permanente Hawaii
(hours volunteered)

at their Annual Day of Service hosted by HPMG on January 20, 2025, at:

(select one)

OAHU	
<u>Windward</u>	<u>Leeward</u>
<input type="checkbox"/> Papahana Kuaola	<input type="checkbox"/> Ka'ala Cultural Learning Center
<input type="checkbox"/> Kako'o 'O'iwi	<input type="checkbox"/> Kalaeloa Heritage Park
<input type="checkbox"/> Paepae o He'eia	

MAUI	HAWAII ISLAND	KAUAI
<input type="checkbox"/> Paeloko	<input type="checkbox"/> Pu'uwa'awa'a <input type="checkbox"/> Haleolono	<input type="checkbox"/> Waipā Foundation

Sincerely,

(KP Representative – Signature)*

(KP Representative – Print Name)

**HPMG site lead or registration/check-in staff member. Signature to be given upon the end of the volunteer's day.*