KAISER PERMANENTE®

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 18, 2027, at:

(select one)

OAHU	
Windward	Leeward
☐ Papahana Kuaola	☐ Ka‘ala Cultural Learning Center
☐ Kako‘o ‘Ōiwi	☐ Kalaeloa Heritage Park
☐ Paepae o He‘eia	

MAUI	HAWAII ISLAND	KAUAI
☐ Paeloko	☐ Pu‘uwa‘awa‘a ☐ Haleolono	☐ 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.*