



City of Doral Parks & Recreation Department Volunteer Verification Request Form

First, Last Name: _____

School ID#: _____

School: _____

Date Requested: _____

Date Needed by: _____

Email: _____

Please circle the months **AND** include year that you are requesting for:

January _____

July _____

February _____

August _____

March _____

September _____

April _____

October _____

May _____

November _____

June _____

December _____

****Your Volunteer Verification Request Form will be processed in the next 7-10 business days. You must submit this form 5 business days prior to date needed by. You will be contacted, via email, when form is ready for pick up. Form must be submitted to Morgan Levy Park.***

Official Use only:

Date Received: _____

Received by: _____