

National Advocate Credentialing Program

NOTARIZED MEMORANDUM OF CONFIRMATION

Copy as Needed for Each Agency Work or Volunteer Experience Provided

PLEASE NOTE:

1. *This entire form should be filled out by a person authorized to verify the applicant's employment or volunteer hours with the agency. This form may be completed by a Supervisor, member of Board of Directors, Volunteer Coordinator, Human Resources Manager or similarly defined position and need not be a person who was in a supervisory role over the applicant during the applicant's service period.*

2. *If the applicant held several positions, or worked as both a volunteer and an employee, or worked in both a full-time and a part-time capacity, you will need to indicate this on the second page of this form.*

APPLICANT INFORMATION	FULL NAME:	
	MAILING ADDRESS:	
YOUR INFORMATION	YOUR NAME:	
	YOUR TITLE:	
	AGENCY:	
	MAILING ADDRESS:	
	PHONE NUMBER:	
	EMAIL ADDRESS:	

TO COMPLETE THIS MEMORANDUM OF CONFIRMATION, THE PERSON AUTHORIZED TO VERIFY THE APPLICANT'S EMPLOYMENT MUST COMPLETE THE INFORMATION ON THE FOLLOWING PAGE AND SIGN WHILE IN THE PRESENCE OF A NOTARY PUBLIC.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC

I, _____ certify that the applicant
(Your Name)

_____, provided direct services to those victimized
(Name of Applicant)

by crime at _____ in the capacity
(Name of agency)

of _____ as _____ an employee.
(Position One (1) title) (Check One) a volunteer.

of _____ as _____ an employee.
(Position Two (2) title) (Check One) a volunteer.

Position 1: The Applicant provided these services from _____ to _____ and worked
_____ hours per (Start date) (End date)

week as a full-time employee
part-time volunteer
(Check One) (Check One)

Position 2: The Applicant provided these services from _____ to _____ and worked
_____ hours per (Start date) (End date)

week as a full-time employee
part-time volunteer
(Check One) (Check One)

Please use a copy of this page if additional positions have been held by this applicant within your agency.

Confirmation:

I affirm the information on this memorandum of confirmation is accurate information according to our records.

Signature _____

Date _____

Notarization:

Sworn to and subscribed before me this _____ day of _____, _____ .

Notary Public