

MAKE YOUR VOLUNTEERING EXPERIENCE COUNT

Confirmation of Volunteer Activity for La Trobe Award

Name of volunteer organisation/ student club/ society: _____

Name of student applying for the La Trobe Award: _____

Student Number: _____

Volunteer position: _____

Duration of volunteer position: _____

Average hours per week (if applicable): _____

Duties include: _____

Volunteer Supervisor /Co-ordinator

Name of volunteer supervisor / co-ordinator: _____

Signature of volunteer supervisor: _____

Position in the Organisation: _____

Contact Info: _____

Date: _____

This volunteer confirmation letter confirms your volunteering activity with your volunteer organisation.
You will need to upload this form when you register for the La Trobe Award and each time you have a new volunteer activity.

If you have any questions or concerns please email latrobeaward@latrobe.edu.au

For further information on the Award go to: www.latrobe.edu.au/students/get-involved/latrobe-award