Proof of voluntary work

We hereby confirm that

Name

Address

has carried out his/her voluntary work in the following institution/organisation

Name of the organisation / municipality / institution

Address

Period of voluntary activity

☐ since
☐ from to

Time scope of the activity hours / week (approx.)

Function / Activity

Brief description of the objectives, tasks and priorities of the organisation / institution

Brief description of the field of activity

Skills and acquired competences
(e.g. teamwork, organisation, responsibility, intercultural skills, etc.)

Taken on a management function?
☐ Yes ☐ No

Was an expense allowance paid?
☐ Yes ☐ No

Date **Name** Signature with stamp