



VOLUNTEER MANAGEMENT CERTIFICATION CLASS/WORKSHOP/CONFERENCE APPLICATION

Please type or print clearly. When completed mail to:

Peggy Thie
Indian Hills Community College
Regional Economic Advancement Center
Division of Customized Learning
626 Indian Hills Drive
Ottumwa, IA 52501
Phone: 641.683.5177

Please apply the following as elective hours toward the Certificate in Volunteer Management:

Class, Workshop or Conference Title**: _____

Sponsoring Organization (if applicable): _____

Program Location: _____

Date(s) Held: _____

Hours Held: From: _____ To: _____

Number of elective hours applicable: _____ (for continuing education classes – 1 contact hour equals 1 hour of elective credit)

Instructor's Name: _____

Instructor's Signature (if possible): _____

**Please attach a copy of the class or workshop brochure, announcement, or completion certificate.

Name _____ Address _____

Phone _____ Email _____

I hereby certify that the above information is correct and that I attended the presentation for the hours and date(s) stated above.

Participants Signature: _____ Date: _____

*A Certificate in Volunteer Management requires successful completion of the six core courses and 30 hours of elective credit in at least **two** of the following categories: continuing education classes, workshops and seminars, multi-day conferences; college credit hours.*

If you have questions, please call Peggy Thie 641.683.5177

