



**Board of Behavioral Sciences**  
1625 North Market Blvd., Suite S200, Sacramento, CA 95834  
Telephone: (916) 574-7830 TTY: (800) 326-2297  
[www.bbs.ca.gov](http://www.bbs.ca.gov)



## **SAMPLE VERIFICATION OF EMPLOYMENT AS A VOLUNTEER**

*Required when the Associate is a volunteer*

Date:

Associate name:

Employer name:

SAMPLE

This letter serves as verification that (Associate's name) was employed by (Employer's name) as a volunteer from (Start date) to (End date).

\_\_\_\_\_  
Employer's Authorized Representative Printed Name and Title

\_\_\_\_\_  
Employer's Authorized Representative Signature

\_\_\_\_\_  
Date

### **NOTE:**

This is a SAMPLE letter. The actual letter must be written on the employer's letterhead.  
The ASW is required to submit this letter with the application for licensure.