Record and Certification of Community Service and Sufficiency Activities

Month	Place of Service	Hours	Authorized Signature	Date
JANUARY				
FEBRUARY				
MARCH				
APRIL				
MAY				
JUNE				
JULY				
AUGUST				
SEPTEMBER				
OCTOBER				
NOVEMBER				
DECEMBER				

I do hereby certify that _____

has performed _____ hour(s) of community service for the

month(s)_____, 200_____.

Name:_____

Address:_____

Phone:_____

Signature:_____ **DATE:**_____