



COMMUNITY SERVICE/SELF SUFFICIENCY ACTIVITY

TIME SHEET

RESIDENT'S NAME: _____ PHONE #: _____

ADDRESS: _____

ON THE LINE BELOW, PLEASE NAME THE AGENCY/ORGANIZATION WHERE YOU VOLUNTEERED OR THE NAME OF THE PLACE YOU RECEIVED TRAINING/EDUCATION:

ADDRESS: _____

LOCATION & DESCRIPTION OF WORK AND/OR TRAINING OR EDUCATION:

DATE	START TIME	AM	PM	END TIME	AM	PM	SIGNATURE OF SUPERVISOR OR INSTRUCTOR	HOURS SERVED

TOTAL HOURS SERVED: _____

CERTIFICATION: I, THE BELOW (DULY AUTHORIZED) UNDERSIGNED, DO HEREBY CERTIFY, THAT THE ABOVE-NAMED INDIVIDUAL HAS PERFORMED THE SERVICE ACTIVITY SO DESCRIBED HEREIN.

AUTHORIZED SIGNATURE: _____ DATE: _____

SUPERVISOR/INSTRUCTOR PRINTED NAME: _____