PBHA COMMUNITY SERVICE PARTICIPATION VERIFICATION LOG

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DEVELOPMENT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- |
| **DATE** | **ACTIVITY/EVENT** | **HOURS WORKED** | **AGENCY/GROUP** | **CONTACT NAME**  **(PRINTED)** | **SIGNATURE VERIFYING SERVICES** | **NUMBER** |
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***TOTAL HOURS I certify that I have performed the activities described***

***THIS PAGE above in compliance with the Community Service***

***Requirement:***

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Signature Date

**TO BE COMPLETED BY PBHA STAFF**

**DATE RECEIVED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STAFF MEMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**