PBHA COMMUNITY SERVICE PARTICIPATION VERIFICATION LOG

NAME: _____ DEVELOPMENT: _____

ADDRESS:

DATE	ACTIVITY/EVENT	HOURS WORKED	AGENCY/GROUP	CONTACT NAME (PRINTED)	SIGNATURE VERIFYING SERVICES	NUMBER
		al	OF TH	D		
	OR	LI I		E C17		
	THOM				0	
	N'					
	1×	-	Poli	X	Iq	
	17			7 //	M	
	1.		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
	S.	"MOR	<u>e than just h</u>	DUSING"	10	
		Ŧ		EF.	1	
			351., 197			
TOTAL HOURS THIS PAGEI certify that I have performed the activities describe above in compliance with the Community Service Requirement:						ribed e

/____ Date Signature TO BE COMPLETED BY PBHA STAFF DATE RECEIVED:_____ STAFF MEMBER: _____