

CERTIFICATE OF COMMUNITY SERVICE PERFORMED

The Defendant, _____ has to satisfactorily perform _____ hours of service to or through any non-profit organization, city, state or county municipality.

Please complete work schedule on the back of this form.

NAME OF ORGANIZATION: _____

ADDRESS OF ORGANIZATION: _____

DUTIES DEFENDANT PERFORMED: _____

PERFORMANCE: EXCELLENT _____ GOOD _____ FAIR _____ POOR _____

*SIGNATURE OF CERTIFYING SUPERVISOR: _____

(THIS SIGNATURE AFFIRMS ALL INFORMATION ON THIS DOCUMENT TO BE TRUE. YOUR SIGNATURE ON THIS DOCUMENT MAKES YOU LEGALLY RESPONSIBLE FOR THE INFORMATION CONTAINED THEREIN.)

TITLE: _____ PHONE: (_____) _____

DATE: _____ TOTAL HOURS WORKED: _____

COMMUNITY SERVICE CAN BE DONE FOR ANY CITY, STATE, COUNTY OR FEDERAL MUNICIPALITY OR ANY NON-PROFIT ORGINAZATION THAT DOES NOT SERVE ALCOHOL BEVERAGES.

SOME SUGGESTIONS ARE LISTED BELOW:

- | | | |
|--|----------------------------|---------------------------------|
| <i>PUBLIC LIBRARY</i> | <i>CITY HALL'S</i> | |
| <i>LIONS CLUB</i> | <i>AMBULANCE SERVICE</i> | <i>BOY SCOUTS</i> |
| <i>FIRE DEPARTMENT'S</i> | <i>GIRL SCOUTS</i> | <i>STATE PARKS</i> |
| <i>COUNCIL ON AGING</i> | <i>CHAMBER OF COMMERCE</i> | <i>LAW ENFORCEMENT AGENCIES</i> |
| <i>CHURCHES (CHURCH PROPERTY ONLY...NOT PRIVATE INDIVIDUALS)</i> | | |

PLEASE NOTE

COMMUNITY SERVICE MUST BE FOR A NON-PROFIT ORGANIZATION

COMMUNITY SERVICE CANNOT BE DONE FOR PRIVATE INDIVIDUALS UNLESS DESIGNATED BY A NON-PROFIT ORGANIZATION

OVER →

COMMUNITY SERVICE PERFORMED

DATE:

WORK SCHEDULE:

____/____/____

_____ TO _____ = _____ HOURS

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