



824 Griffin Avenue, NW
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Eastman, Georgia 31023
478.374.5414 (P) • 478.374.0505 (F)
800.255.0056 (TDD)
Michelle Butler, Executive Director

COMMUNITY SERVICE CERTIFICATION FORM

Resident: _____

Address: _____ Apt# _____

I certify that the above named person has performed ninety-six (96) hours of volunteer community service work as indicated below for our company or agency over the past twelve (12) months:

Fiscal Year: _____

Jan: _____ (# of hours)

Jul: _____ (# of hours)

Feb: _____ (# of hours)

Aug: _____ (# of hours)

Mar: _____ (# of hours)

Sep: _____ (# of hours)

Apr: _____ (# of hours)

Oct: _____ (# of hours)

May: _____ (# of hours)

Nov: _____ (# of hours)

Jun: _____ (# of hours)

Dec: _____ (# of hours)

Agency Name/Person Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

Service(s) Provided by Community Service Worker:

Signature of Authorized Person

Date

*The person verifying the service work should sign and mail the original form to Eastman Housing Authority, P.O. Box 100, Eastman, GA 31023. Forms may be randomly verified for authenticity. Residents are also encouraged to obtain a copy of this form.

