

Certificate of Service PDF

This is to certify that:

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Has successfully completed their community service at:

Organization: _____

Location: _____

From (Start Date): _____ **To (End Date):** _____

Details of Service:

Service Description: _____

Total Hours Completed: _____

Supervisor Verification:

Supervisor Name: _____

Supervisor Title: _____

Supervisor Signature: _____

Date: _____

Comments:
