## RECORD AND CERTIFICATION OF COMMUNITY SERVICE AND SELF SUFFICIENCY ACTIVITIES

**Resident Name:** **Unit #:**

| DATE OF ACTIVITY | TYPE OF SERVICE ACTIVITY | TYPE OF TRAINING PROGRAM | TYPE OF EDUCATIONAL PROGRAM | # OF HOURS | NAME OF COMPANY | SIGNATURE OF SUPERVISOR |
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| | | | **Total hours should be 95 | | | |

**<u>WARNING:</u> Section 101 of Title 18 of the U.S. code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the United States as to matters within its jurisdiction. Texas Government CODE559 give you the right to review and request correction of information on this form**