



STUDENT COMMUNITY SERVICE SELF CERTIFICATION

Student Name: _____ Class of: _____

Name and location of Clean California Community Days Event(s):

DATE	TIME IN	TIME OUT	DUTIES	HOURS

I verify the above information to be correct for _____ hours of community service for Clean California Community Days.

Student Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____