

ENERGY
ASSISTANCE
COMMUNITY
SERVICE
PROACTIVE
WORKER # _____



201 West Walnut Street – Green Bay, Wisconsin 54303 – (920) 448-4540

_____ has a community service requirement each month. Please complete the following:

Community Service

| (Agency Name & Address) | <u>Date</u> | <u>Time Started</u> | <u>Time Ended</u> | <u>Total # of Hours</u> | <u>Duties/ Type of Community Service contributed to agency</u> | <u>Initials of Representative/ Supervisor & Title.</u> <i>By initialing this, I certify that the person above has contributed this time to our agency.</i> |
|-------------------------|-------------|---------------------|-------------------|-------------------------|--|---|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |

***I certify that the above information of the above person is accurate.**

Signature _____ Date

Print Name & Title of Position _____ Phone Number

| (Agency Name & Address) | <u>Date</u> | <u>Time Started</u> | <u>Time Ended</u> | <u>Total # of Hours</u> | <u>Duties/ Type of Community Service contributed to agency</u> | <u>Initials of Representative/ Supervisor & Title.</u> <i>By initialing this, I certify that the person above has contributed this time to our agency.</i> |
|-------------------------|-------------|---------------------|-------------------|-------------------------|--|---|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |

***I certify that the above information of the above person is accurate.**

Signature _____ Date

Print Name & Title of Position _____ Phone Number