

COMMUNITY SERVICE VOUCHER

THIS IS TO CERTIFY THAT THE BELOW NAMED HAS COMPLETED HIS/HER COMMUNITY SERVICE ACCORDING TO USTF AND REGION-6 GUIDELINES.

GUIDELINES FOR COMMUNITY SERVICE

1. SHOULD BE SOMETHING THAT WOULD NOT BE DONE ON A NORMAL DAY TO DAY BASIS.
2. SHOULD BE SOMETHING THAT WILL BENEFIT THE COMMUNITY.
3. SHOULD BE DONE EXCLUSIVELY FOR YOUR BLACK BELT ADVANCEMENT AND INDEPENDENT OF ANYTHING YOU NORMALLY DO.
4. HAS TO HAVE SIGNATURE OF AN AUTHORIZED REPRESENTATIVE OF THE ORGANIZATION OR GROUP ALONG WITH THEIR TITLE AND PHONE # FOR REFERENCE.

EXAMPLES

1. PICKING UP TRASH AROUND YOUR TOWN. (CONTACT CHAMBER OF COMMERCE)
2. HELPING THE SCHOOL SYSTEM WITH FILING DUTIES, MOWING, CLEANING, ETC... (CONTACT THE LOCAL ADMINISTRATIVE OFFICES)
3. HELPING WITH AN ORGANIZATON—BOY SCOUTS-GIRL SCOUTS (CONTACT YOUR LOCAL CHAPTERS)
4. GIVING YOUR TIE AND EXPERTISE IN A GIVEN FIELD TO HELP A PARTICULAR CAUSE. (DOCTOR WORKING AT A FREE CLINIC, CARPENTER HELPING TO REBUILD A HOUSE AFTER A FIRE, ETC. ETC...)

COMMUNITY SERVICE PERFORMED

MUST BE TYPED

MUST BE TYPED

MUST BE TYPED

MUST BE TYPED

NAME: _____

TOTAL HOURS: _____

DATE COMPLETED: _____

SERVICE PERFORMED _____

SIGNATURE OF AUTHORIZED AGENT: _____

TITLE: _____

AREA CODE AND PHONE NUMBER () - _____

SIGNATURE OF INSTRUCTOR: _____