## Community Service Activities

The following is a list of activities that can be counted toward your community service requirements. If you are participating in any of these you must have your hours verified by a third party. The Housing Authority of Billings (HAB) checks each form for correctness and contacts the person listed on the form to verify the hours served.

HAB Resident Activities: Resident Council
Families for Self Sufficiency program
EFNEP
Budgeting Classes
Home Ownership Classes
AA - Alcoholics Anonymous
NA - Narcotics Anonymous
GA - Gambler Anonymous

Any volunteer activities at the following kinds of institutions:
Churches
Schools
Girl or Boy Scouts
4 H groups
Youth Sport teams
Charitable organizations (see attached list)
Non-profit organizations (see attached list)
Other approved activities (call Teddi with questions)

## Monthly Community Service Volunteer Hours Verification Use a different sheet for each organization

Name of Organization: $\qquad$

| Date | Activity | Number of <br> hours |
| :---: | :---: | :---: |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  | Total |

## This is due by the $20_{\text {th }}$ of each month!

I verify that the above information is true and correct. I give the Housing Authority of Billings consent for the release and sharing of confidential information between them and the organization listed above to verify the information listed.
$\overline{\text { Participant Signature }}-$

I verify that the participant listed above has completed the activity and hours stated above.

Please print name
Signature Title Phone number

Office use only: Date Verified: Initials:

