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## **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)

f:all/ric/fss/comserve.list



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

This is due by the 20th 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.  Participant Signature  Please print name here  I verify that the participant listed above has completed the activity and hostated above.  Please print name  Signature  Title  Phone number	Date	Activity	Number of hours
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