CCBC
The Community College
of Baltimore County

Date Received: _____

CERTIFICATION SHEET
CENTER FOR SERVICE LEARNING

Name: _____ Course: _____ Section: ____

Name of Site: _____

Site Supervisor: _____

Site Address: _____
(Street) (City) (State) (Zip Code)

Total Number of Hours Required: _____ □ Mandatory

Student Signature: _____

This is to certify that student _____ volunteered at our site on the following date(s):

DATE	NUMBER OF HOURS	SIGNATURE

Additional Comments: _____

_____

_____

_____

Site Supervisor Signature: _____ Date: _____