



RAVENSCROFT
FOUNDED 1862

This is to certify that _____, grade _____, has completed _____ hours
Student's Name

of community service for _____
Name of Non-Profit Agency Sponsor

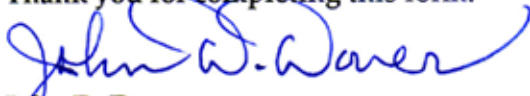
Phone Number

Date(s) of Service

A brief description of the service should be provided.

Signature of Activity Sponsor
(Other than Parent)

Thank you for completing this form!


John D. Dover
Community Service Coordinator