

Looking Good Santa Barbara
City of Santa Barbara

Community Service Verification Form

VOLUNTEER INFORMATION

Volunteer Name: _____

Address: _____

City, State, & Zip Code: _____

Phone Number _____

Email Address: _____

SERVICE INFORMATION

Date of Community Service _____ Total Hours Completed _____

Work Location _____

Type of work _____

Date of Community Service _____ Total Hours Completed _____

Work Location _____

Type of work _____

Date of Community Service _____ Total Hours Completed _____

Work Location _____

Type of work _____

VERIFICATION

Looking Good SB Representative (Print)

Date

Signature

Looking Good Santa Barbara
Attn: Lorraine Cruz Carpenter
1221 Anacapa Street – 2nd Floor, Santa Barbara, CA 93101
LCruz_Carpenter@SantaBarbaraCA.gov
805-564-5669