

Marlboro Township Teen Advisory Committee TAC COMMUNITY SERVICE FORM



We hereby certify that _____ is a member of the Marlboro Township Teen Advisory Committee (TAC), and has volunteered time and performed community service work in furtherance of TAC's "Do Good" initiatives.

EVENT AND DESCRIPTION OF SERVICE	DATE	TIME/ CREDITS	EVENT COORDINATOR SIGNATURE
TOTAL			

_____ TAC FACILITATOR NAME	_____ TAC FACILITATOR SIGNATURE	_____ DATE
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