

COMMUNITY SERVICE CERTIFICATION

NAME:

SCHOOL / ORGANIZATION:

ADDRESS:

TELEPHONE:

EMAIL:

THIS IS TO CERTIFY THAT THE ABOVE-NAMED PERSON HAS PARTICIPATED IN THE BROWARD COASTAL CLEANUP EVENT ON FROM TO AS A COMMUNITY SERVICE VOLUNTEER.

COASTAL CLEANUP SITE LOCATION:

NUMBER OF HOURS DONATED BY VOLUNTEER:

COASTAL CLEANUP SITE COORDINATOR:

Print Name

COASTAL CLEANUP SITE COORDINATOR:

Signature

**PAT QUINN, BROWARD COUNTY COASTAL CLEANUP ZONE CAPTAIN
Environmental Planning and Community Resilience Division**

