VOLUNTARY TOWNSHIP CLERK CERTIFICATION PROGRAM (VTCC) Proof of Participation

untary To	Was
200	The state of the s
O. C.	You
Certi	ficat

PLEASE PRINT – PLEASE COMPLETE EVERY LINE		Date of Original Application:	Certific	
Last Name:		First Name:		
	☐ Town	nship Clerk OR	☐ Township Deputy Clerk	
County:			_Township:	
Ado	dress:			
			City/Zip:	
Em	ail:		Phone:	
P	ease refer to the VTCC Official R of the Voluntary Township Cler	k Certification P	tion of Education and Community rogram. This is a two-year programucation	Service components n for certification.
×	ltem	1	or Description or Location	Date
	Part I: District Education Session		·	
	Fall Conference			
	Part II: District Education Session			
	Fall Conference			
	FOIA / OMA Training	☐ Certificate co	py(ies) attached	
	TOI Webinar			
	TOI Webinar			
	Professional Development Course			
	Professional Development Course			
	Local Countywide Organization Education Session			

Community Service

Provide a letter or other document(s) from the organization(s) of which you are associated that reflects your participation. If volunteer hours are available, please provide a short report that details the number of hours that you have contributed to your community. Show certificate of participating for the CPR/AED Training. If in doubt whether or not your service counts, provide documentation to show participation.

Please send this completed Proof of Participation form and any accompanying documents to:

The Honorable Mary Shubert VTCC Coordinator Lively Grove Township 4706 Marigold Road Coulterville, IL 62237

Disclaimer: This is a voluntary certification program not required by state law.

