Office of Service-Learning

Dr. Rory L. Bedford, Director

318-274- 2553 or 274- 2118

**Service-Learning Volunteer Form**

**Name:**   **G#:**   **Date:**

**Classification:**   **Email Address:**   **Contact#:**

**Name of the Organization:**

**Name of the Organization Advisor/Professor:**

**Contact#:**

**Name of the Community Partner and Address:**

**The Semester Community Activity Was Completed:**

**Name and Description of Community Activity:**

**Clubs and organizations should add an additional sheet that list names and G #s of members who participated in the activity. Completed forms should be returned to the Office of Service-Learning.**

 Revised 04/14