

Office of Student Clubs & Organizations



Community Service – Service Learning Volunteer Form (Page 1)

Organization Name: _____ Date of Service: _____

President of Organization Name: _____ Signature _____

Advisor Name: _____ Signature _____

Location of Community Service: _____

Director of organization/agency where service was held: _____

Institution/agency representative's signature validating services rendered by students listed on page two (2) of this form X _____

Name and Description of Activity:

Event approval: _____ Yes _____ No Comment(s): _____

Director of Student Clubs and Organizations signature _____

Office of Student Clubs & Organizations



Student Organization Member Community Service Record (Page 2)

Student Member Name	G Number	Classification	Major	Event start time	Event end time	Total Hours
1.						
2.						
3.						
4.						
5.						
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