

# Community Service Form **On Campus**

NOTE: Return top portion to the Student Life Office before the scheduled day of project. The bottom portion should be retained and submitted immediately upon the completion of the project. At least half of the members must be present throughout the project.

CLUB NAME: \_\_\_\_\_

PRESIDENT'S NAME: \_\_\_\_\_ EXT: \_\_\_\_\_

DESCRIPTION OF PROJECT: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HOURS COMMITTED TO THE PROJECT: \_\_\_\_\_

COMPLETION DATE: \_\_\_\_\_

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Submit this portion to the Student Life Office after completion of project.

CLUB NAME: \_\_\_\_\_

NAME OF SERVICE PROJECT: \_\_\_\_\_

AGENCY OR PERSON SERVICE DONE FOR: \_\_\_\_\_

CONTACT INFORMATION TO VERIFY SERVICE: \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE (S) COMPLETED: \_\_\_\_\_

NUMBER OF MEMBERS WHO PARTICIPATED: \_\_\_\_\_

(Please attach a list of the names of the members who participated)