



Organization Stamp/Seal

COMMUNITY SERVICE FORM

Student Name: _____

Semester volunteered: _____

ORGANIZATION INFORMATION

Project/organization: _____ Phone: _____

Volunteer supervisor: _____ Email: _____

Description of service *(to be completed by student)*:

Volunteer date	Hours volunteered	Volunteer date	Hours volunteered

Student Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

In order to receive community service credit, this form must be completed and returned by the student.