



## 2015/2016 Student Organizations

### Community Service Form

(Photo of each participant completing service must accompany form)

**Organization:** \_\_\_\_\_ **Date of Service:** \_\_\_\_\_

**# of Participants:** \_\_\_\_\_

**Names of Participants:** \_\_\_\_\_

**Organization Where Service was Performed:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Contact Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **# of Hours of Service** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**Website Address:** \_\_\_\_\_

**Organization Category**  
(non-profit, state agency, etc.): \_\_\_\_\_

**Detailed Description of Community Service:**

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

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