



Campus Organizations Community Service Form

Organization _____ **Date of Service:** _____

Participants and Student ID Numbers

_____	_____
_____	_____
_____	_____
_____	_____

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:

Student Life and Development Name & Signature ONLY

_____ Date