



# Community Service Form

Student Name: \_\_\_\_\_

**Community Service – Volunteer Work – 25 hours min. per year (Fall/Spring semesters combined)**

(Please start with on-campus service organizations and activities. No exchange of money or credit; not for a family member; must be a non-profit organization; can be for more than one organization. A Supervisor must sign for each Community Service performed.)

Hours Worked	Type of Work	Agency Worked For	Date Completed	Supervisor's Signature	Contact Phone #

TOTAL HOURS

<b><u>OFFICE USE ONLY</u></b>
Entry Date: ____ / ____ / ____
Signature: _____