Semester:_____Year:_____

Student Organization Community Service Activity

Organization:_____

President:_____ Email:_____

Number of Organization Members:_____

Number of Members Participating in Service Activity:_____

Activity Completed (Provide a brief description):_____
_____
_____
_____

Date/Time of Activity:_____

Event Sponsor:_____ _____

Contact Person (for Verification):_____ Phone:_____

Signature for Verification: _____
Members in Attendance:

_____	_____
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For Office Use Only:
Approved:_____ Date:_____