**Office of Student Life Community Service Form**

**One form per student.**

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| Part 1 Completed By Student | | | | |
| Student Name: | |  | | |
| Graduation Year: | |  | | |
| Advisor (If Applicable): | |  | | |
| The benefactor of my Community Service was(Agency or Organization) Please print: | |  | | |
| Agency or Organization Phone Number: | |  | | |
| Agency or Organization Street Address: | |  | | |
| Agency or Organization City, State, Zip: | |  | | | |
| Please write in complete sentences (Please print): | | | | | |
| 1. Describe the duties you performed in service to the community. 2. Explain what you gained or learned from your experience(s). Did you have any apprehensions prior to the experience? How did you feel afterward? 3. Describe a favorite moment or highlight from your community service experience with this organization. | | | | | |
| Part II Completed by Community Service Supervisor: | | | | | |
| The above named student volunteered his or her time in service to me or the organization: | | | | | |
| Date(S) | Total Hours | |  |  | |
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Supervisor’s Signature Supervisor’s Printed Name

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Date of Signature Supervisor’s Title