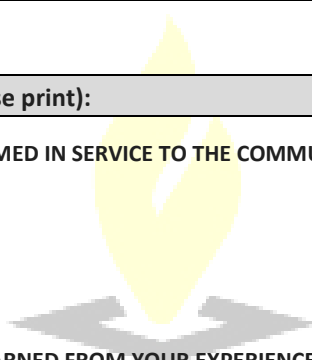


Office of Student Life Community Service Form

One form per student.

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):			
			
<p>1. DESCRIBE THE DUTIES YOU PERFORMED IN SERVICE TO THE COMMUNITY.</p>			
<p>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?</p>			
<p>3. DESCRIBE A FAVORITE MOMENT OR HIGHLIGHT FROM YOUR COMMUNITY SERVICE EXPERIENCE WITH THIS ORGANIZATION.</p>			
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		

Supervisor's Signature

Supervisor's Printed Name

Date of Signature

Supervisor's Title