

Office of Student Life Community Service Verification Form

Organization:			
Date:			
Time & Hours:			
Location:			
Point of Contact(Club/Organization) :			
Point of Contact (Community Service Location):			
Address of Community Service Location:			
Number of Participants (Club/Organization Members):			
Duties Description			
<p>ROLE AND RESPONSIBILITIES</p> <p>[Type a description of the essential roles, responsibilities and activities a candidate can expect to assume in this position, using the Details style. For bullets, use the Bulleted List style.]</p> <ul style="list-style-type: none"> • • • • <p>PARTICIPANTS NAMES</p> <p>[For a numbered list, use the Numbered List style.]</p> <ol style="list-style-type: none"> 1. 2. 3. 4. 5. 6. 7. 8. <p style="color: red; text-align: center;">PICTURES AND FLIERS FOR COMMUNITY SERVICE EVENTS MUST BE SUBMITTED WITH YOUR CLUB/ORGANIZATION'S MONTHLY REPORT.</p>			
(Community Service POC) Approved By:		Date:	
(OSL)Reviewed By:		Date/Time:	

Community Service Point of Contact please fax this form back to Office of Student Life (301) 860-3838