



# Individual Record of Community Service

Student's Name: \_\_\_\_\_

Student ID: \_\_\_\_\_ Date of Service: \_\_\_\_\_

Organization Where Service was Performed: \_\_\_\_\_

Location: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Signature: \_\_\_\_\_

Date: \_\_\_\_\_ # of Hours of Service \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Website Address: \_\_\_\_\_

Organization Category  
(non-profit, state agency, etc.): \_\_\_\_\_

Detailed Description of Community Service:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Student Life and Development Name & Signature**  
**ONLY**

\_\_\_\_\_ Date