



**Student Organization Record of Community Service**

**Name of Student Organization:** \_\_\_\_\_

**Date of Service:** \_\_\_\_\_ **Population Served:** \_\_\_\_\_

**Number of People Served by Your Group:** \_\_\_\_\_ **Money Raised:** \_\_\_\_\_

**Agency Name:** \_\_\_\_\_ **Supervisor Signature:** \_\_\_\_\_

**Type of Service Activity:** \_\_\_\_\_

NAME OF STUDENT	TIME IN	TIME OUT	TOTAL HOURS

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Please submit this form at the end of your community service activity.  
 Forms can be dropped off in the Williams Center , S-126, drop-box, Office of Volunteer and Community Services  
 For any questions contact: 673-3690 or go to: [www.fredonia.edu/campuslife/volunteer](http://www.fredonia.edu/campuslife/volunteer)