



## 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-227 Office of Volunteer and Community Services  
For any questions contact: [joyce.smith@fredonia.edu](mailto:joyce.smith@fredonia.edu) or 673-3690 or go to: [students.fredonia.edu/volunteer](http://students.fredonia.edu/volunteer)