



## 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

NAME OF STUDENT	TIME IN	TIME OUT	TOTAL HOURS

Please submit this form at the end of your community service activity.

Forms can be dropped off in the Williams Center, G 115 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: [www.fredonia.edu/student-life/volunteer](http://www.fredonia.edu/student-life/volunteer)