



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 or 673-3690 or go to: www.fredonia.edu/student-life/volunteer