



DEPARTMENT OF CAMPUS MINISTRY  
COMMUNITY SERVICE FORM

Please Print Clearly

**Student Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Year: \_\_\_\_\_ Homeroom: \_\_\_\_\_

**Service Organization Information**

Service Organization Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Number to Best Contact Supervisor: \_\_\_\_\_

Is it okay to list your organization as a Community Service Organization on our website? Yes/No

**For Supervisor Use Only:**

Please comment on the student's dependability, responsibility, attitude or affirm/correct other qualities or virtues.

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

Date	Time In	Time Out	Hours

Total Hours Submitted:

\_\_\_\_\_  
Site Supervisor's Signature      Date

\_\_\_\_\_  
Student Signature      Date

**NEW FOR STUDENTS:** Please submit this form online upon submission in writing.