

Volunteer Community Service Form

Student Information

Organization _____

Organization Contact Person _____ Classification: FR SO JR SR GR

Address _____

Telephone Number _____ E-mail _____

The above organization has participated as a volunteer in the following community service event(s).

Service Site Information

(Please Note: This section is to be verified by the site supervisor.)

Name of Site: _____

Date(s) of Service _____ Time Range _____

How Many Organizational Members Participated? _____

Service Contact Person(s) _____

Address _____

Telephone Number _____ E-mail _____

Briefly describe the service the organization provided. _____

Total Number of Hours Contributed _____

Signature of Site Supervisor _____ Date _____

PLEASE RETURN THIS FORM TO:

Mr. Wayne Coffen, Coordinator
Commuter Affairs and Community Service
The Office of Student Life
Wiseman Student Centre, Room 133
Bowie State University
14000 Jericho Park Road
Bowie, MD 20715