Student Name (please print):_______________________________

Emerging Leader Program
Community Service Form

Part I. Basic Information (To Be Completed by Student)
Semester (circle one): Fall Spring Year: 20__________

Community Service

Organization: ____________________________________________

Supervisor/Coordinator Name (please print):___________________________________

Contact Phone Number: __________________ E-Mail: ____________________

How many hours did you commit to this activity? ________________________

Date(s): __________ __________ __________ __________ __________
(please separate form for different agencies or activities)

Briefly describe the activities that you completed:
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

(additional space for any above responses on the back)

Part II. To Be Completed by Community Service Supervisor/Coordinator
Emerging Leaders are required to perform 10 hours of community service for each semester. This time commitment represents 1 hour per week for 10 weeks. Students are encouraged to do more than the minimum 10 hours.

How many TOTAL hours did the student commit to this activity? _____

Has this student’s participation been satisfactory? Yes No

Comments:
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

__________________________ ____________  ______ _______________
Community Service Supervisor/Coordinator Signature DATE  Student Signature DATE