Please fill in the required information below. This form must be completed within 10 days of completing the service experience.  
  
Club/Organization:

Submitter Name:

Date of Community Service:

Location of Service Site:

Service Date:

Hours Completed:

Total Number of participants/members attended:

*\*Please attach your sign in sheet*

* No
* Yes

Did you host or volunteer?

What service did you/your group perform?

Please evaluate your service experience. What went well? What challenges did you face? What would you do differently?

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

Signature of the Host \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*If this is a volunteering opportunity*