Community Service Form

Organization: ___________________________________________ Date(s): __________________________

Location of Event: __________________________ Co-sponsor (if applicable): __________________________

Benefiting Organization(s): _____________________________________________________________

Contact Person: ________________________________________________________________________

Title/Short Description of Event: _________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Staffing: The number of members participating by the number of hours each member worked.

Example: 55 active members x 2 hours each = 110 hours

20 new members x 2 hours each = 40 hours

Total Staffing = 150 hours

_________ Active Members x _______ hours each = _________ hours

_________ Pledge/ New Members x _______ hours each = _________ hours

Total Staffing = _________ Hours

_________ Active Members x _______ hours each = _________ hours

_________ Pledge/ New Members x _______ hours each = _________ hours

Total Staffing = _________ Hours

Printed name of organization representative

____________________________________

Signature of organization representative Date