Report of Community Service Hours

Organization name: _____________________________________________________________

Event/Location: ________________________________________________________________

Date of service: ________________________________________________________________

<table>
<thead>
<tr>
<th>Organization participants</th>
<th>Number of hours served</th>
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Certified by:

_________  ________________________________
Owner/Coordinator Name    Date

_________  ________________________________
Owner/Coordinator Signature    Phone Number

Approved by:

_________  ________________________________
Advisor Signature    Date

_________  ________________________________
Director of Campus Activities Signature  Date

*Volunteer/service hours must be certified by the Director of Campus Activities no later than two weeks prior to the end of the semester. Each Greek/Service organization must complete at least one service/volunteer project per semester. A minimum of 10 volunteer hours is required per group and each project must include no less than 50% of the organization’s membership.