

**Report of Service
(Group/Individual)**

Type of activity:

Community service: _____

Campus service: _____

***Service learning:** _____

Agency/Department served: _____

Agency contact: _____

Phone: _____ **E-mail:** _____

Individual name/Campus group: _____

Contact: _____ **E-mail:** _____

Box #: _____ **Phone:** _____

Place of service: _____

Date(s) of service: _____

Total group/individual hours of service completed: _____

Are these hours documented or estimated? _____

Was compensation received? _____

Monetary: _____ **Other:** _____

Please list the names of all volunteers on a separate sheet and attach. Please specify the number of hours for each individual if hours are not the same for everyone.

***Service Learning: Service done as a class or academic program activity. Service Learning involves planning and reflection on the part of students.**

Course name and number: _____ Is service required? _____

Is the service activity on the syllabus? _____ Are discipline-related skills use in this service activity? _____ Please describe: _____
