

Date Submitted: _____

STUDENT ACTIVITIES & UNION SERVICES Greek Life Service Report



Sponsoring Organization (s): _____

Community Service Title or Name of the Agency/Organization: _____

Contact Person: _____ Contact #: _____

Date(s) Held: _____ Start Time: _____ End Time: _____

Number of members who participated: _____ Total Hours: _____

• (# of People) x (Hours Served) = Total Participatory Hours: _____

Total amount of \$ raised (if applicable): \$ _____

Please describe the type of community service your organization rendered:

Your Feedback: _____

PLEASE PRINT CLEARLY!

Thank you!

*If possible please attach any supporting documentation such as a newspaper article, a thank you letter, flyers, etc. Please return this form to Student Activities in SUB 209 within 2 weeks of completing your service.