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

__________________________________________________________________________________________

Printed name of organization representative

__________________________________________________________________________________________

Signature of organization representative  Date