**The Leslie H. Cochran University Scholars Program**
**Community Service Form**

(This form is to be used for those service hours that take place outside of the university. Please get prior approval from Amy before starting any service project that is not advertised by the office. You will need to complete this form and submit it during your portfolio review in spring semester.)

Name of Volunteer_____

Name of Agency_____

Address_____

Phone Number_____ Fax Number (if applicable)_____

Name of Supervisor (please print) _____

Date(s) of Service _____

Total Number of Community Service Hours Completed _____

Please provide a brief description of activities.

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Signature of Volunteer_____ Date _____

Signature of Supervisor_____ Date _____