

Fraternity & Sorority Life 5-Star Group Service Report

PLEASE PRINT CLEARLY

Name of Organization Submitting this Form: _____

Participant Name: _____

Hofstra ID#: _____

Name of Service Site: _____

Date of Service: _____

Total # of Service Hours: _____

Please give a brief description of the service project you did:

Please list the tasks you accomplished and/or your responsibilities on this service project:

Population Served:

Children (<18 years old) Adult (18-65 years old) Elderly (<65 years old)

Animals Environment All Other:

Site/Agency Contact Information

By signing this form, you indicate that you have accepted all volunteers at the site listed above, that you have provided appropriate training and/or orientation required for this project, and that this time record accurately reflects all of the volunteer's service.

Site Supervisor Signature

Date

Phone Number

E-mail Address

Street Address

City

State

Zip

**Please make sure to fill out BOTH SIDES of this form
COMPLETELY or it will not be accepted**

**REMINDER:
YOU MUST ATTACH A PHOTO OF YOUR MEMBERS
AT THE EVENT TO RECEIVE CREDIT**

