

Division of Student Affairs

Community Service Project- Registration Form

Group/club name: _____

Contact Info.:(Phone) _____ (Email) _____

Project name: _____

Date of actual project: _____

Project description: _____

Location(s): _____

Who is benefiting? _____

Goals of your project: _____

Acknowledged by Kimberly Rhyan X _____ Date: _____

Thank you for registering your Community Service program! Please return your results after the event.

Results

Did you complete your goals? YES NO

How did you accomplish your goals? _____

How much money was raised? _____

What and how many items did you collect? _____

How many members participated in your project? _____

*Please attach a list of the students that participated in this event with 700 numbers.

How many faculty/administrators participated in your project? _____ How many hours? _____

How many hours did your group/club serve (total)? _____

How many individual students served 20 hours each? _____

Would you complete this service project again? YES NO

*Please attach any helpful information, such as flyers, posters, feedback, etc.

Acknowledged by Kimberly Rhyan X _____ Date: _____

*Please return to:

Student Leadership & Activities

260 Mack Student Center, Hofstra University

Email: StudentLeadershipandActivites@hofstra.edu

Office: (516) 463-6914 Fax: (516) 463-6030

