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: ______