

University of Arkansas at Pine Bluff
Office of Student Involvement and Leadership

Community Service Form

Please complete and return to the L.A. Davis Student Union, Suite 218 within 7 days of each project/event

Organization or Individual Name:	
Contact Person:	Phone Number/Email:
Project/Event:	
Event Contact:	Phone Number/Email:
Date:	Location:
Start Time:	End Time:
Brief Summary:	

Mark an "X" indicating the type of service. (Choose Both If Necessary)

Monetary Donation _____	Service Hours _____
Total Monetary Donation Amount \$ _____	_____ #of Members (Multiply) Please turn to the back of this page and list the members' name.
	_____ # of Service Hours _____ Total Hours
_____ Signature and Title of Project/Event Contact	_____ Date

L.A. Davis Student Union, Suite 218, 870-575-8866 Office 870-575-4613 Fax

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