



COMMUNITY SERVICE PROJECT REGISTRATION

Complete This Form in Its Entirety – Print All Information

ORGANIZATION INFORMATION:

Name of Fraternity or Sorority (do not use Greek letters): _____

Name of Community Service Project: _____ Date: _____

Number of Members Participating In Project: _____ Total No. Of Hours Per Member: _____

Total Number of Hours For Project (Members Times Number of Hours): _____

Briefly Describe Community Service Project: _____

_____ Print Name of Chapter Community Service Chair

_____ Signature of Chapter Community Service Chair

AGENCY INFORMATION:

Name of Agency or Organization: _____

Name of Agency Contact: _____ Telephone: _____

DO NOT WRITE BELOW THIS LINE: THE AGENCY SHOULD COMPLETE THIS SECTION

AGENCY CERTIFICATION OF COMMUNITY SERVICE PROJECT

Date of Project: _____ Hours Completed: _____

I certify that the fraternity or sorority indicated above completed the community service project identified on this form, and that all information provided is accurate

_____ Signature of Agency Contact

_____ Date

FORM IS DUE BY THE END OF THE SEMESTER WHEN THE PROJECT WAS COMPLETED

Date Form Received: _____ By: _____