Community Service Hours Report Form
Group Service Projects

Instructions: *Please fill out this form including each person's name, student ID number, address, and whether each is a student or faculty/staff member. Have the agency volunteer coordinator sign it, verifying the hours. Turn the completed form in to the WSU Community Service Center (Shepherd Union, Room 419) or Student Activities Office (SU 250).*

Organization/Group Name _____

Organization/Group Contact Person _____

Telephone Number of Contact Person _____

Where did your group volunteer? _____

Address of the agency _____ Zip Code _____

Telephone _____

Date of Service Project _____ Total Hours of Service _____

Agency Volunteer Coordinator Signature _____

Please Print	*Please Print*
Name _____ Address _____ _____ Zip Code _____ ☐Student (ID# _____) ☐ Faculty/Staff _____ Hours Volunteered	Name _____ Address _____ _____ Zip Code _____ ☐Student (ID# _____) ☐ Faculty/Staff _____ Hours Volunteered
Name _____ Address _____ _____ Zip Code _____ ☐Student (ID# _____) ☐ Faculty/Staff _____ Hours Volunteered	Name _____ Address _____ _____ Zip Code _____ ☐Student (ID# _____) ☐ Faculty/Staff _____ Hours Volunteered
Name _____ Address _____ _____ Zip Code _____ ☐Student (ID# _____) ☐ Faculty/Staff _____ Hours Volunteered	Name _____ Address _____ _____ Zip Code _____ ☐Student (ID# _____) ☐ Faculty/Staff _____ Hours Volunteered
Name _____ Address _____ _____ Zip Code _____ ☐Student (ID# _____) ☐ Faculty/Staff _____ Hours Volunteered	Name _____ Address _____ _____ Zip Code _____ ☐Student (ID# _____) ☐ Faculty/Staff _____ Hours Volunteered
Name _____ Address _____ _____ Zip Code _____ ☐Student (ID# _____) ☐ Faculty/Staff _____ Hours Volunteered	Name _____ Address _____ _____ Zip Code _____ ☐Student (ID# _____) ☐ Faculty/Staff _____ Hours Volunteered

Need more boxes for volunteers? Simply use an additional sheet.

Page _____ of # _____ page(s).

Example: Page 1 of # 3 pages.

White Copy: WSU Community Service Center
Yellow Copy: Your Copy

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