# Community Service Projects

These two steps MUST be taken for Community Service to be considered by the Community Affairs Committee:

1) Complete and submit this form to the Community Affairs Committee Chair’s mailbox in the ASNMSU Office before 12:00 Noon on the Tuesday of the Community Affairs Committee Meeting. Form must be TYPED!

2) At least one knowledgeable representative MUST attend the Community Affairs Meeting.

*To receive funding from ASNMSU, at least 25% of the organizations members must complete a minimum of two (2) hours of on-campus, and two(2) hours off-campus community service projects (per person). Service projects are valid up to one hundred and eighty (180) days after the community service has taken place.

*Any community service project that is also a fundraiser of any kind for the club, or is, in any form a competition against other clubs or organizations WILL NOT be accepted by the committee as community service.

*All community service validity is at the discretion of the Community Affairs Committee.

Name of Organization: ______________________________________________________

Contact Person: ___________________________ Phone#: _______________________

Beneficiary of Project: On Campus [ ] Off Campus [x] Date(s) of Projects: ___________________

Location where project took place: ___________________________________________

A. How many total members are in your organization? ________

B. How many members participated in this project? ________

C. What is the % of the membership that participated? (b/a) ________

D. List the name of every member in the organization who participated in this community service project. Next to their name include the total hours they participated. (use additional sheets if needed)

<table>
<thead>
<tr>
<th>Name</th>
<th>Hours Volunteered</th>
<th>Name</th>
<th>Hours Volunteered</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
E. What is the total number of hours that were volunteered? (total hours from above)  

F. Detailed Description of Project: (Additional sheets may be attached if needed.)
   a. Who specifically benefited from this project and how? (Children, families, students, etc.)
   b. What exactly did your organization do?
   c. When did you start the project? When did it end?
   d. How did your organization like the event?
   e. Why was this specific chosen?
   f. Was the project successful?

___________________________________________________________________________________________

___________________________________________________________________________________________

Beneficiary Organization: ________________________________________________________________

Name of Representative: _______________________________________________________________

Mailing Address: ___________________________________________________________ City, State, Zip: __________________________

Comments from Representative:
___________________________________________________________________________________________

Signature of Representative: _____________________________________________________________ Date:________________________

Student Organization President:

Signature of President: __________________________________________________________________ Date:________________________

Student Organization Advisor:

Signature of Advisor: __________________________________________________________________ Date:________________________

Official Use Only:

Community Affairs Action: Pass [ ] Do Not Pass [ ] Other [ ]

Explanation (if any):
___________________________________________________________________________________________

Signature of Chair: __________________________________________________________________ Date:________________________