

ASNMSU Community Service Submission Form



Full Name

Email Address

Phone Number

Student Organization

Advisor Full Name

Advisor Email Address

Beneficiary of Project

- ☐ On Campus
- ☐ Off Campus

Location of Community Service

Start Date

End Date

Beneficiary Organization

Beneficiary Organization Representative

Representative Phone Number

Representative Email Address

Detailed Description of Project

List of name of members who participated in the community service. If more than 15 participants, please fill out an additional form.

	Full Name	Hours Volunteered
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

What were the total number of hours volunteered? (Total hours from above)

By submitting this form, I affirm that the community service took place as described and that all information provided is accurate and true to the best of my knowledge. I understand that members of ASNMSU may contact the Beneficiary Organization to ensure the accuracy of my submission. I acknowledge that false community service information will lead to forfeiture of any rights to allocated funds from ASNMSU.