

**APPENDIX D  
COMMUNITY SERVICE FORM**

NAME \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

Name of Agency, Organization, or Group:

\_\_\_\_\_

Description of Activity:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Schedule of Days and Times Worked Each Week:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the community service described above is voluntary and that I will not receive any stipend for the activity.

\_\_\_\_\_  
Faculty Member

\_\_\_\_\_  
Date

Approved \_\_\_\_\_

\_\_\_\_\_  
Immediate Supervisor

\_\_\_\_\_  
Date