

**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