



Office of Greek Life Programs Department of Student Life

Community Service Report

Chapter Name _____ Date(s) of Event ____/____/____
 Name of Event _____ Location _____
 Benefiting Organization(s) _____
 Benefiting Organization Contact Person _____
 Event Description _____

Type of Event: _____ Community Service (Hands-On)
 _____ Indirect Service/Support (participation in other
 Group's philanthropies, food drive, etc.)

Volunteers: The number of members (from your chapter) participating
 by the number of hours each members worked.
 Please only submit the hours taking place during the actual event.

EXAMPLE: 15 members x 2 hours each = 30 hours
 63 members x 1 hour each = 63 hours
 Total Hours = 93 hours

____ Members x ____ Hours each = ____ Hours

____ Members x ____ Hours each = ____ Hours

____ Members x ____ Hours each = ____ Hours

TOTAL = ____ **Hours**

Money Raised: (Philanthropy)

Total Amount of Money Donated: \$ _____

(Please only include money that your chapter raised and is donating directly to a charitable organization. Thus, any money donated to another chapter's philanthropy should not be included on this report, so as to not double count total money raised/donated)

Verification:

My signature verifies that the above information is true and accurate.

_____/____/____
 Signature of Chapter Representative Email Date

_____/____/____
 Signature of Chapter Advisor Email Date

SIGNATURE OF AUTHORIZED PERSON AT PLACE OF SERVICE

*This section must be completed only if an individual completes 20 or more hours of service at one event; or if a chapter completes 40 or more hours of service at an event

Name: _____ **Title:** _____

Phone #: _____

Signature: _____ **Date:** ____/____/____

PLEASE NOTE

- ❖ Forms must be turned in within 10 business days of completion of program.
- ❖ Each participating chapter must turn in a form for hours to be recorded.
- ❖ Submit forms to Office of Greek Life Programs Student Union/CSL or Fax: (330) 972-2525

Office use only	
Received date	_____
GL Staff	_____

PLEASE SUBMIT COMPLETED FORMS TO:
 OFFICE OF GREEK LIFE PROGRAMS, STUDENT UNION – CSL, AKRON, OH 44325-4601
 PHONE: 330-972-2327 OR FAX: 330-972-2525