

Community Service Proposal Level I

Student Name: _____ Student ID#: _____
 Email Address: _____ Phone #: _____
 Class Standing: _____ Date: _____

Community Service Project

(Mark appropriate field with an "x" and then specify the particular organization/faculty member/etc. you will be affiliated with)

In affiliation with:

- Christian Service Program: _____
- Campus Ministries: _____
- Student Organization: _____
- Faculty/Staff: _____
- Others: _____

Community Partner/Organization

Organization: _____
 Physical Address: _____
 Mailing Address: _____
 Contact Name: _____ Title: _____
 Phone #: _____ Email: _____

Brief Project Description

Date(s) of Service: _____
 Estimated Total Amount of Hours: _____

Office Use:

Approved: ____/____/____ Denied: ____/____/____

Comments: _____

