

**VOLUNTEER SERVICE REPORT**  
**Center for Social Responsibility and Community**  
 PLEASE PRINT CLEARLY

Oneonta ID# (or SS#) \_\_\_\_\_ Name \_\_\_\_\_

Circle correct code: SL-Service Learning VS-Volunteer Service  
 SS-Sanctioned Service CS-Compensated Service  
 IN-Internship OT-Other

Is this a Greek Function? \_\_\_\_\_

**Agency/Event** \_\_\_\_\_ **Position/Type of Work** \_\_\_\_\_  
 Where are you serving? \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip Code: \_\_\_\_\_  
 \_\_\_\_\_  
**Total Hours** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date(s)	Example 06/20/11	Hours	Example 5.25

\_\_\_\_\_ Date: \_\_\_\_\_

**Site Supervisor Signature**

**Agency/Event** \_\_\_\_\_ **Position/Type of Work** \_\_\_\_\_  
 Where are you serving? \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip Code: \_\_\_\_\_  
 \_\_\_\_\_  
**Total Hours** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date(s)	Example 06/20/11	Hours	Example 5.25

\_\_\_\_\_ Date: \_\_\_\_\_

**Site Supervisor Signature**

**Agency/Event** \_\_\_\_\_ **Position/Type of Work** \_\_\_\_\_  
 Where are you serving? \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip Code: \_\_\_\_\_  
 \_\_\_\_\_  
**Total Hours** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date(s)	Example 06/20/11	Hours	Example 5.25

\_\_\_\_\_ Date: \_\_\_\_\_

**Site Supervisor Signature**

**\*All time sheets must be signed by the site supervisor before they are turned in. If you are serving through a course, return this sheet to your instructor. Otherwise, return to 101C Alumni Hall.**

**Volunteer:** By signing this form, you indicate that you have agreed to serve in this position, you have served the hours listed above, and you will abide by policies and fulfill the responsibilities of the position to the best of your ability. If you are unable to continue in the assignment, you agree to notify your supervisor in writing two weeks prior to your resignation.

**Supervisor:** By signing this form, you indicate that you have accepted the volunteer for the position described above, that you have provided the appropriate training and/or orientation required for the position, and that this time record accurately reflects the volunteer's service.

**Instructor:** By signing this form, you indicate that the volunteer has served in this position to your satisfaction and that you accept the service recorded above as fulfilling the course requirements.

\_\_\_\_\_ Date: \_\_\_\_\_

Volunteer Signature

\_\_\_\_\_ Date: \_\_\_\_\_

Course Instructor (if service learning)

If service learning (instructor mandated):  CRN# _____ Course Name: _____ Instructor: _____
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