



320 University St., UPO 1261  
Morehead, KY 40351

Phone: (606) 783.9327

E-mail: [cre@moreheadstate.edu](mailto:cre@moreheadstate.edu)

Website: [www.moreheadstate.edu/engagement](http://www.moreheadstate.edu/engagement)

Volunteer Opportunities: [www.msucare.volunteerhub.com](http://www.msucare.volunteerhub.com)

## Hourly Service Log – Volunteer Center

**Directions:** Complete the following information below. Please print legibly.

Name: \_\_\_\_\_ MSU ID#: \_\_\_\_\_

Classification (please check one): ☐ Student ☐ Faculty ☐ Staff ☐ Alumni

Phone: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Semester/Year: \_\_\_\_\_ Major: \_\_\_\_\_

Student Organization (if applicable): \_\_\_\_\_

Engagement or Volunteer Project Name: \_\_\_\_\_

Service Start Date: \_\_\_\_\_ Service End Date: \_\_\_\_\_

Site Supervisor's Name: \_\_\_\_\_

Site Supervisor's Phone: (\_\_\_\_\_) \_\_\_\_\_

Site Supervisor's E-mail: \_\_\_\_\_

Course Number and Instructor (if applicable): \_\_\_\_\_

Example: CMSP/101/001 Jolly

Are you receiving extra credit in this class for your service? ☐ Yes ☐ No # of hours being reported: \_\_\_\_\_

Which regional engagement need did you meet? Please check only one box.

☐ Community Building ☐ Economic and Entrepreneurial Development ☐ Education ☐ Health and Wellness ☐ Other

Which Kentucky county in the MSU service region did you serve? Please select from the drop-down menu.

Please eSign and save the file, then email as an attachment to [cre@moreheadstate.edu](mailto:cre@moreheadstate.edu). Please type HSL as the subject line. For instructions on how to digitally sign, please go to <http://www.uri.edu/gsadm/Forms/CreatingDigitalSignature.pdf>. To be sure your file saves properly, you must have Adobe Reader 8 or later. Download the latest version of Reader at <http://get.adobe.com/reader/>.

### Student Authorization:

I hereby authorize that all information provided is, to the best of my knowledge, honest and accurate. By signing below, I give my permission for the staff of the Center for Regional Engagement to verify my hours with any community agency or organization listed above.

Signature: \_\_\_\_\_

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