Community Service Submission Form Log for Ongoing Volunteer Services

	Semester:		
Service Project Title:			
Description of Service:			
Project Coordinator Information:			
Name:Organization:			
Phone:Email:			
Data Stant Time	End Time	Total Harris	Dusing Consuling April 25 and Arms
Date Start Time	End Time	Total Hours	Project Coordinator's Signature
	Total Hours		
I certify that all of the information to have been falsified all hours aw Signature of Student:	arded will be forf	eited and I may fa	of my abilities. If any information is found ace disciplinary action.