

Questions?

Office of Student Life

785-594-8443

### Fraternity & Sorority Service Reporting Form

Chapter Organization Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_

# of hours completed: \_\_\_\_\_

Date	Volunteer Name(s)	Direct Service Provided (What did you do?)	Time In	Time Out	Total Time

**To be filled out by Agency**

Did group perform satisfactory? **Y N** If N, please attach explanation. (Please include any comments that would be helpful in evaluating group performance)

Agency Name \_\_\_\_\_ Agency Phone # \_\_\_\_\_

Agency Representative (please print) \_\_\_\_\_

Agency Signature (please sign) \_\_\_\_\_