



Community Service Registration Form

Academic Year: _____

Organization/Department/Class: _____

Contact Person: _____

Community Service Activity: _____

Address: _____

Phone Number _____ Email: _____

Non-Profit Identification Number: _____

Length of/or Date of Community Service Event: _____ Hours Completed: _____

Description of Service (Be Specific):

List students/members who participated in community service activity and hours each participated in:

| Name: | Student ID | Hours: | Name: | Student ID | Hours: |
|-------|------------|--------|-------|------------|--------|
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*The signatures below verify that the club or organization has volunteered services to the above mentioned agency. Authorized Agency Signature **MUST** be from a representative of the Organization where Community Service was/will be performed.*

Authorized Agency Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

NPHC Advisor Signature: _____ Date: _____

Dillard University Signature: _____ Date: _____

For Office Use Only:

Total Participants: _____ Total Hours: _____ Sponsored By: _____

Date Received: _____ Non -Profit Status: _____

Approval/Denial Status: _____ Date: _____ Staff Initials: _____

Denial Reason: _____