Taylor College Community Service Documentation Form

Student’s Name: ________________________________

Program student enrolled in: ____________________________________________

Type of Community Service:

☐ Volunteer Services: Church, Healthcare facility, Hospital, School, Shelters (Animal or Human), Not-for-profits.

☐ Local Community Events: College-involved or locally sponsored.

☐ Regional Emergency/Disaster Relief: Fundraising, promoting and/or providing services.

☐ Donation

Name of Event: ________________________________

Address of Event: ____________________________________________

Date of Event: _______________ Start Time: _________ End Time: _________ Total ______

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Date of Event: _______________ Start Time: _________ End Time: _________ Total ______

Date of Event: _______________ Start Time: _________ End Time: _________ Total ______

Summary of Activities: __________________________________________

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________________________________________

________________________________________

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________________________________________

Name and Title of Event Supervisor (Please Print) __________________________

Date __________________________

Event Supervisor Signature __________________________________________

Contact Number __________________________