



**Gamma Mu Chapter
of
Delta Omega**

COMMUNITY SERVICE ACTIVITY REPORT FORM

Name of Student _____

Activity: _____

Name of Agency/Organization _____

Brief description of activity

Date (s) of Service Activity _____

Beginning and ending hours of Services for each of the dates listed above:

Total Hours of Service for this Activity _____

Verification: Name, signature, title, agency and phone number of person at the agency who supervised or was responsible for the service activity.

Agency Name (please print)

Agency Telephone Number

Comments:

Name of Supervisor (please print)

Signature

Title (please print)

Date