

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

UCID: \_\_\_\_\_

Preferred Email Address: \_\_\_\_\_

Cell / Phone: \_\_\_\_\_

Academic Quarter:     Autumn     Winter     Spring

Date	Service Site*	Service Tasks*	Hours
Agency & Agency Representative (please print)		Agency Representative Signature	Agency Phone
Date	Service Site*	Service Tasks*	Hours
Agency & Agency Representative (please print)		Agency Representative Signature	Agency Phone
Date	Service Site*	Service Tasks*	Hours
Agency & Agency Representative (please print)		Agency Representative Signature	Agency Phone

I certify that the above information is correct to the best of my abilities.

TOTAL HOURS: \_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

*\* Explain in detail the location and nature of your community service activities*

*Return form(s) by 6/4/2010 to: Barbara Wallace, Edith Peters Jones Building - Room 024*

*Email: barbara.wallace@uc.edu; Phone: 513-732-5279 / Fax 513-732-5304*