University of the Cumberlands

Community Service Hours Report Sheet

Name: _____ ID #_____
First Last Maiden

Official Graduation Date: _____ Phone: _____

Dorm or Campus Address: _____
Dorm Name and Room Number/Campus Box Number

Commuter Address: _____
Street or P.O. Box City State Zip

Name of Organization Served: _____

Supervisor's Name: _____ Phone # _____

Position Held	Duties Performed	Date: Semester (Fall/Spring/Summer)	Year	Hours

Total Number of Hours Completed: _____

_____ _____
Supervisor's Signature Date

Leadership/Community Service ***Office Use Only***

Approved by Leadership Coordinator: _____ Date Approved: _____

Overall Accumulated Hrs. _____

Initial _____