

COMMUNITY SERVICE PROJECT

Organization: _____

Date of Project: _____ Time: _____ On-campus or Off-campus

Project Name: _____

Project Contact Person (if applicable): _____

(i.e.: American Red Cross worker, Adopt-a-highway personnel, etc.)

Phone #: _____

(# Members Involved) _____ X (# Hours Involved) _____ = (Total Man Hrs) _____

Was this a collaborative effort? Y or N

If so, with which other organization(s) did you team-up? _____

Brief description of what your organization did: _____

What did you learn from this project?: _____

Rate the success of the project based on whether or not you would recommend it for another group: (1=low, 5=high) 1 2 3 4 5

In your opinion, how could you make this project more effective? What would you change?

Person filling out this form: _____ Phone # _____

Additional Comments: _____
