Henderson Scholars
Community Service Form

LAST NAME: ______________________ FIRST NAME: ______________________ M.I. _____

OU ID: __________________________

NAME OF ORGANIZATION: __________________________________________________________

SERVICE START DATE: ________________ SERVICE END DATE: ______________________

TOTAL HOURS WORKED: ______

DID YOU WORK MORE THAN ONCE WITH THIS ORGANIZATION? ________________

• IF YES HOW MANY TIMES DID YOU WORK WITH THEM? ________________

SITE NAME: ____________________________________________________________________

SITE LOCATION: __________________________________________________________________

SITE PHONE: __________________________

SUPERVISOR’S NAME: ___________________________________________________________

SUPERVISORY’S PHONE: __________________________

SUPERVISORY’S E-MAIL: _________________________________________________________

WHAT DID YOU DO DURING YOUR SERVICE?:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Student Signature: __________________________ Date: ______________

Site Supervisor Signature: __________________________ Date: ______________

HSP Staff Signature: __________________________ Date: ______________