

# UNIVERSITY HONORS PROGRAM COMMUNITY/UNIVERSITY SERVICE

Name: \_\_\_\_\_ Dawg Tag: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_

Number of Hours: \_\_\_\_\_

Describe the service you provided: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I signify that the participation information supplied above is true and accurate to the best of my knowledge and understand that, if the information provided is falsified or does not meet the required criteria of my condition, it will not be counted towards my total completed hours and there will not fulfill the required condition. I also signify I have made a copy of this form for my personal records.

Volunteer Signature:	Date:
----------------------	-------

<b>Printed name</b> of Organization Contact Person:	Phone:
Signature:	Date:

**RETURN THIS FORM, FULLY COMPLETED, WITH SIGNATURES, TO UNIVERSITY HONORS**  
**DATE GRID ON REVERSE SIDE**

