

Community Service Learning Agreement

Student Name: _____
Graduation Date: _____

SUID: _____
Major(s): _____

*This form must be submitted after the completion of the minimum required hours of on-site, unpaid community service at a not-for-profit agency in the United States. *75 Hours for students entering Whitman Fall 2014/35 Hours for students entering prior to Fall 2014**

**Fraternity/Sorority/Athletic volunteer work will not be accepted.*

Supervisor Name and Title: _____

Firm/Agency Name: _____

Firm/Agency Address: _____

Supervisor Email: _____ **Supervisor Phone:** _____

Start Date: _____ **End Date:** _____ **Hours Completed:** _____

Community Service Project Description:

Service (What exactly did you do?):

Learning (What did you learn from this experience?):

Leadership Skills (What leadership skills did you develop during this experience?):

I verify that the above student completed the minimum required hours of unpaid service at the firm/agency listed above.

Supervisor Signature/Date: _____

Office Use Only

WhitLink Date:

Recorder:

Registered: Yes No