Community Service Learning Agreement

Student Name: ___________________________  SUID: ___________________________
Graduation Date: ___________________________  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: ___________________________