

2010-2011 Campus Community Service Review

Individual Student Service Project/Program Report

Name of Student: _____ RSO or Group Affiliation: _____

Name of Project or Program: _____

Name of community organization or agency partner: _____

Name of community contact person: _____ phone: _____

Briefly describe the project or program:

Is this a new program or a recurring program? How was it developed?

Please identify other campus or community groups involved in the planning and/or service.

How was the service beneficial to the service recipient(s) and/or the community at large?

How were the participants able to learn/grow as a result of their service?

Was there any reflection included in the project/program?

If yes, what kind of reflection and who facilitated it?

How many volunteers participated?

How long did the project/program last? (please estimate hours, and indicate the span of time if it is an ongoing program)

Total number of hours served for this project (time x volunteers):

Please return to:

Center for Leadership & Involvement

Gemmell Student Complex, Clarion University, 840 Wood St Clarion PA 16214

Email: cuservice@clarion.edu Phone: 814-393-1688 Fax: 814-393-2707