



Community Service Completion Form

Personal Information

Name: _____ Student ID: _____

Address: _____

Goodwin College email address: _____

Preferred phone number: _____

Semester: _____ Program of study: _____

Organization Information

Name of organization: _____

Address: _____

Contact: _____ Title: _____

Email address: _____ Phone: _____

Hours completed: _____

Date(s) completed: _____

Description of duties:

Type of Organization:

- Non-profit/community-based organization
- K-12 school
- Faith-based organization
- Government
- International community or organization
- Higher education institution
- For-profit business
- Other (please specify): _____

Additional Information

What was the reason for community service? Check all that apply.

- It was required for my program of study
- It was required for a course Which course? _____
- It was required for MOVE or WISE
- Personal
- Other (Please specify): _____

Once this form has been completed, please have the site supervisor sign and date. If the reason for community service was for a program, class or other requirement, the form should be given to the program director, faculty or staff member or other party in charge in order to receive credit.

I hereby acknowledge that the work as described above has been fully completed and that no monetary remuneration was given.

Site Supervisor's Signature

Date

I hereby acknowledge that _____ has completed his/her community service requirement and will be receiving the appropriate credit.

Program Director Signature (if applicable)

Date