

# Fraternity & Sorority 5-Star Individual Service Report

PLEASE PRINT CLEARLY

Name of Organization Submitting this Form: \_\_\_\_\_

Participant Name: \_\_\_\_\_

BANNER ID#: \_\_\_\_\_

Name of Service Site: \_\_\_\_\_

Date of Service: \_\_\_\_\_

Total # of Service Hours: \_\_\_\_\_

Please give a brief description of the service project you did:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list the tasks you accomplished and/or your responsibilities on this service project:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Population Served:

Children (<18 years old)     Adult (18-65 years old)     Elderly (<65 years old)

Animals     Environment     All     Other:

## Site/Agency Contact Information

By signing this form, you indicate that you have accepted all volunteers at the site listed above, that you have provided appropriate training and/or orientation required for this project, and that this time record accurately reflects all of the volunteer's service.

\_\_\_\_\_  
Site Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Street Address  
Zip

\_\_\_\_\_  
City

\_\_\_\_\_  
State

Please make sure to fill out **BOTH SIDES** of this form **COMPLETELY** or it will not be accepted

**REMINDER: YOU MUST ATTACH A PHOTO OF YOUR MEMBERS AT THE EVENT TO RECEIVE CREDIT**

