FAU
FLORIDA ATLANTIC UNIVERSITY

Record Form
www.fauvolunteer.org

Student Organization Service Log

Student Club/Organization/Agency _____

Community Service Chair _____ Phone Number_____

Email _____ Today's Date _____

Date	Agency Name (Non-Profit Organization)	Service Activity/ Events	Supervisor's signature, Contact Number or Stamp	# of Members Volunteering	# of hours Volunteered	Total Volunteer Hours (# of member x # of hours)
Total Student Club/Organization/Agency Volunteer Hours						

*** This form must be submitted the last week of March of every year to apply for the **Presidential Volunteer Service Award**. I, the undersigned, do hereby attest by my signature that all information on this form is accurate. ***

_____ _____

Organization Representative Signature Date

Please contact your primary campus with any questions:

Boca Raton
Campus Volunteer Center
(CVC)- UC 207
P: (561) 297-3607
F: (561) 297-2563

Broward
BSG Volunteer Services Center
(VCS)- MOD 386 Rm 111
P: (954) 236-1183
F: (954) 236-1228

Jupiter
SAVI Office- SR 147
P: (561) 799-8580
F: (561) 799-8118