

Community Service Instructions

STEP 1: CHOOSE AN ORGANIZATION

Community Service Resource Center

- **Automatically** approved
- Search the online database and contact listed organizations (<https://icc-apps.ucdavis.edu/find/volunteer/list.htm>)
- Subscribe to the "Community Service Opportunities" weekly email to learn about upcoming volunteer times (icc.ucdavis.edu/services/connect.htm)

OR

Find your own organization

- **NOT** automatically approved
- Choose a non-profit organization
- Email your judicial officer to get permission before you do the service
- Include the organization's name, the supervisor's contact information, and a brief description of the work to be performed

Remember: the supervisor cannot be a student, friend, or family member

STEP 2: DO THE SERVICE - Have the supervisor write the date and time for every volunteering session.

STEP 3: REFLECT - On a separate paper, answer each question with 2-3 sentences. Please provide separate answers for every organization.

- a. What did you do for your community service? Describe your experience.
- b. What have you learned about this organization, the people that you served, and the community as a whole?
- c. What have you learned about yourself through your volunteer service?
- d. Do you feel that your involvement had any impact on the people served or the organization?
- e. What have you experienced in this opportunity that might be used as a resource in the future?
- f. As a result of this experience, would you consider doing more volunteer work?
- g. How could the experience be improved?

STEP 4: SUBMIT - Email the signature form and questions to sjareception@ucdavis.edu

Community Service Completion Form

Student Name: _____

Student ID#: _____ - _____ - _____

Organization: _____ Location (City, State): _____

*I verify that _____ has completed _____ hours of community service at our non-profit organization.
I am not a family member, friend, or student.*

Date: _____

Time: _____

Date: _____

Time: _____

Date: _____

Time: _____

Supervisor Name: _____

Title/Position: _____

Supervisor Signature: _____

Date: _____

Email (work): _____

Phone (work): _____

Organization: _____ Location (City, State): _____

*I verify that _____ has completed _____ hours of community service at our non-profit organization.
I am not a family member, friend, or student.*

Date: _____

Time: _____

Date: _____

Time: _____

Date: _____

Time: _____

Supervisor Name: _____

Title/Position: _____

Supervisor Signature: _____

Date: _____

Email (work): _____

Phone (work): _____