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Community Service Completion Form	
Student Name:	Student ID#:
Organization:	Location (City, State):
I verify that has completed _ I am not a family member, friend, or student.	hours of community service at our non-profit organization.
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 _ I am not a family member, friend, or student.	hours of community service at our non-profit organization.
Date:	Time:
Date:	Time:
Date:	Time:
Supervisor Name:	Title/Position:
Supervisor Signature:	Date:
Email (work):	Phone (work):