

Community Service Verification

Student Conduct and Community Responsibility

To be completed by student

tudent Name (print):		Student ID:			
give permission to the Student Conduct ar ny questions or concerns regarding the ser		•	act the agency I	volunteered with	th if there are
Please use the table to track your hours cover form. Once you have completed	= -				
Agency/Organization Volunteered		Task		Date	Number of Hours
	<u> </u>		L		
To be	e completed by volunteer s	ipervisor or agency re	presentative		
I verify that the student named above comp				/organization:	
Supervisor/Agency Representative name (please print)		Title			
Address		Phone Number			
I understand that a staff member of the Stuconcerns regarding the service performed by			ice may contact r	ne if there are any	y questions or
Supervisor/Agency Representative Name	(please sign)	Date			

One University Drive, Camarillo, California 93012-8599 Tel: (805) 437-3332 Fax: (805) 437-3211 www.csuci.edu



Community Service Verification

DIVISION OF STUDENT AFFAIRS

Student Conduct and Community Responsibility

Agency/Organization Volunteered	Task	Date	Number of Hours
			220 42 5
	I	I	

One University Drive, Camarillo, California 93012-8599 Tel: (805) 437-3332 Fax: (805) 437-3211 www.csuci.edu