IOWA STATE SPORT CLUBS – COMMUNITY SERVICE/VOLUNTEERING FORM

Club: ________________________________________

Member Completing Form: ________________ Officer Position: ____________________________

Officer Phone #: __________________________ E-mail: _________________________________

Name/Title of Community Service Location: ___________________________________________

Date(s): __________________________ Time(s): ________________________________

*Signature: _____________________________ Date: ________________________________

*I verify that the information I am providing is accurate in regards to my club volunteering/performing community service

Total number of club members who attended: __________

Total time spent volunteering: ____________________________

Comments/details on the community service or volunteering your Sport Club participated in: ________

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

What were the learning outcomes and/or possible changes you foresee for your next outing? ________

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Community Service/Volunteer Contact (print name): _________________________________

Email: ____________________________ Phone: (______) ___________________________

*Signature: _____________________________ Date: ________________________________

*I verify the above information is accurate in regards to this Sport Club performing this volunteer work