



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*