

PRESIDENTIAL LEADERSHIP PROGRAM
COMMUNITY SERVICE FORM

Name: _____

Campus Address _____

Phone #: _____ E-mail: _____

Date of Program: _____

Name of Project: _____

Number of Hours Involved: _____

Brief Description of Community Service Performed:

Signature of Student: _____ Date: _____

TO BE COMPLETED BY SITE DIRECTOR
(where service was performed)

Rating of Student's Work Performance: Good Very Good Excellent

Site Director's Comments:

Signature of Site Director: _____ Date: _____

Submit to:

Ms. Kathy Kollar Valovage
400 East Second Street
2209 MCHS
Bloomsburg University of PA
Bloomsburg, PA 17815
Fax: 570-389-3086