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