

Texas A&M University – Kingsville  
Office of Memorial Student Union Building/Student Activities

## Organization Community Service Form

**COMMUNITY SERVICE PROJECT:** \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Academic Year: \_\_\_\_\_ Semester: \_\_\_\_\_

Number of Participants from Organization: \_\_\_\_\_ Hrs. Spent on Project: \_\_\_\_\_

Organization Representative: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

Phone: (Home) \_\_\_\_\_ (Cell or Work) \_\_\_\_\_

Email Address: \_\_\_\_\_

Please briefly describe the community service project (*be sure to include **time, place, mission, and partnering programs, departments or organizations***): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How does this event apply the purpose of your organization? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**I certify that the above information is true and accurate to the best of my abilities and understand that if information is fabricated it could result in the suspension of my organization and that I will be subject to any penalties stipulated in the Student Handbook and Student Organization Handbook.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

Please complete and turn in to:  
Office of Student Activities  
Memorial Student Union Building  
Room 301  
Phone: (361) 593-2760  
Attention: Erin McClure