

# Individual Community Service Form

Members



**Belmont Abbey**  
COLLEGE

Name: \_\_\_\_\_

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

Semester: \_\_\_\_\_

| Volunteer Organization | Date | Start/End Time | Total Hours | Verifying Signature |
|------------------------|------|----------------|-------------|---------------------|
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Member Signature: \_\_\_\_\_

Office of Greek Life Signature: \_\_\_\_\_