



# Maroon Volunteer Center

316 Colvard Student Union

Mailstop 9532

(662) 325-8471

Fax: (662) 325-8771

[www.msstate.edu/orgs/campusoutreach](http://www.msstate.edu/orgs/campusoutreach)

## STUDENT ORGANIZATION SERVICE HOURS

Student Organization \_\_\_\_\_ Today's Date \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_

Email \_\_\_\_\_

(Please complete this section about your organization's volunteer activity and the second page, listing the participants. Two people must volunteer to qualify as a student organization's hours.)

Agency \_\_\_\_\_

Agency Contact \_\_\_\_\_ Agency Phone \_\_\_\_\_

Project Date(s) \_\_\_\_\_ Project Description \_\_\_\_\_

Total Number of Organization Members Who Volunteered \_\_\_\_\_

Total Number of Service Hours Completed at Agency by Each Member \_\_\_\_\_

Total Time of Student Organization Service \_\_\_\_\_

**\*\*\* Please return to the Maroon Volunteer Center after each community service project, and not later than the end of the semester \*\*\***

**VERIFICATION BELOW REQUIRED: I, the undersigned, do hereby attest by my signature that all information listed on this form is true and correct. The Maroon Volunteer Center reserves the right to contact the Agency and verify the project listed above and the times listed on the next page.**

Organization Contact Person (listed at top of form) signature \_\_\_\_\_

Today's Date \_\_\_\_\_



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**\*\*\* PLEASE COMPLETE THE PARTICIPATION SHEET \*\*\***



# STUDENT ORGANIZATION PARTICIPANTS

ORGANIZATION \_\_\_\_\_

EVENT \_\_\_\_\_

NAME OF PARTICIPANT	E-MAIL ADDRESS	TIME WORKED
<b><u>TOTAL # OF VOLUNTEERS</u></b>		<b><u>TOTAL # OF HOURS</u></b>



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<b>Office Use Only</b>	
Hours entered into Database:	_____
Date:	_____
Entered By:	_____

Please make copies of this sheet if you need to enter more organization members or attach a separate list to the first page.