Lutz Center for Community Service
Volunteer Hours Log Sheet

Volunteer Site: _____

Date: _____ **Contact Person:** _____

(Please Use Full Name) **(Please Check One)**

First Name	Last Name	Number of Service Hours	Resident Student	Commuter	Life Long Learner	Faculty/Staff	Organization you are represeting (APO, Comm. Svc.Ctr, AAUW, N/A, etc.)	How did you hear about this opportunity? (EX: Web site, Newsletter, flyer, meeting)

Please fill out this form completely to ensure that information can be added to the Community Service Volunteer Database or submit your hours via our web site: **www2.cedarcrest.edu/studentaffairs/commserv/**

Contact: Lutz Center for Community Service

Office Telephone Number: 610-606-4603

Email Address: service@cedarcrest.edu

For Office Use Only:

Date Received:	Initials & Date	Hours verified by CSD:	Initials & Date
Hours verified by CSC:	Initials & Date	Hours entered in Database:	Initials & Date