

PRAIRIE VIEW A&M UNIVERSITY
Office of Student Activities & Leadership
 Prairie View, Texas

MUST BE TYPED

Volunteer in Public Service

Organization Name:					
Project Name:					
Project Date(s):				Location:	
Audience Served and Project Goals/Objectives:					
Submitted by (Print):				Signature:	
Signature, Advisor:				Date:	
	Print Participant Name	Signature, Participant	Date	Service Hours*	Org. Rep. Initial*
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20.					

To Be Completed By Organization/Company To Whom Service Was Rendered		
Organization Name:		
Representative Name:		Title:
Organization Address:		
Email:		Bus. Phone:
Representative Signature:		Date:
For Office Use Only		
Hours Recorded	DSAL Representative	Validation Date

**Organizational Representative must validate this form by indicating service hours and initialing each person's name and marking ("X") and signing thru the empty spaces.*

This completed form must be submitted to the Office of Student Activities & Leadership three (3) business days after public service activity concludes.