

SYRACUSE UNIVERSITY

OFFICE OF FRATERNITY AND SORORITY AFFAIRS

COMMUNITY SERVICE PROJECT REGISTRATION

Complete This Form in Its Entirety – {Print All Information}

Organization Information:

Name of Fraternity or Sorority (No Greek Letters): _____

Name of Community Service Project: _____ Date: _____

Number of Members Participating In Project: _____ Total No. of Hours per Member: _____

Total Number of Hours for Project (Members Times Number of Hours): _____

Briefly Describe Community Service Project:

Name of Chapter Community Service Chair

Signature of Chapter Community Service Chair

Agency Information:

Name of Agency or Organization: _____

Name of Agency Contact: _____ Telephone: _____

DO NOT WRITE BELOW THIS LINE: THE AGENCY SHOULD COMPLETE THIS SECTION

AGENCY CERTIFICATION OF COMMUNITY SERVICE PROJECT

Date of Project: _____ Hours Completed: _____

I certify that the fraternity or sorority indicated above completed the community service project identified on this form, and that all information provided is accurate

Signature of Agency Contact

Date

FORM IS DUE BY THE END OF THE SEMESTER WHEN THE PROJECT HAS BEEN COMPLETED

Date Form Received: _____ By: _____