

UMassAmherst

Office of Fraternities and Sororities
Campus Activities
308 Student Union Building

COMMUNITY SERVICE/LEARNING REPORT

CHAPTER(S)/GROUP: _____

PERSON SUBMITTING REPORT: _____

TYPE OF EVENT:

_____ CAMPUS/UNIVERSITY SERVICE

_____ LOCAL/AREA COMMUNITY SERVICE

_____ REGIONAL/NATIONAL PHILANTHROPIC SERVICE

_____ OTHER: _____

RECIPIENT ORGANIZATION: _____

CONTACT PERSON INFO: _____
NAME TELEPHONE

BRIEF DESCRIPTION OF EVENT/SERVICE:

WERE FUNDS RAISED: ___ YES ___ NO IF SO, AMOUNT? _____

FOODSTUFFS/OTHER ITEMS COLLECTED?: ___ YES ___ NO
WHAT WAS COLLECTED?:

DATE OF EVENT: _____ NUMBER OF HOURS: _____

NUMBER OF PARTICIPANTS: _____

WHERE WAS EVENT?:

_____ CHAPTER HOUSE _____ ON CAMPUS _____ OFF CAMPUS

PLEASE INCLUDE COPIES OF ANY DOCUMENTATION (LETTERS), NEW ARTICLES,
PICTURES, ETC.

SUBMIT FORM TO OFFICE OF FRATERNITIES AND SORORITIES WITHIN 5 BUSINESS DAYS
OF COMPLETED EVENT.

