

Project S.E.R.V.E.

Office of Student *L*eadership and *C*ivic *E*ngagement
Nova Southeastern University

(954) 262-7297

www.nova.edu/volunteer

Student Organization Name:		Today's Date:	
Contact Person:		Organizational Information	
		Benefiting Organization:	
Phone#:	Email:	Address (If an S.E.C. Campus):	
Name of Event:			
Date of Event:			
Location of Event:		Volunteer Coordinator:	
		Email:	Phone:
Describe role of student organization:		Signature of Coordinator: X _____ I verify that the student organization has completed the community service hours I have indicated above in a satisfactory manner.	Hours completed: <div style="border: 1px solid black; width: 100px; height: 30px;"></div>
What IMPACT are you making through this experience?			
Post service experience			
What have you learned as a result of your volunteer experience?			
Would you suggest this project to another student organization?			
YES NO Please explain:			
Community Service Representative of Student Organization: X _____		Advisor of Student Organization: (Required only when event doesn't have an agency volunteer coordinator) X _____	
If you have any questions please feel free to contact the Graduate Assistant of Civic Engagement at Nova Southeastern University, Jonathan David Colon at (954) 262-7297.			



