Name: _________________________________________________________________
Campus Address _________________________________________________________
Phone #: __________________________ E-mail: ________________________________
Date of Program: ___________________________
Name of Project: __________________________________________________________
Number of Hours Involved: _________________________________________________
Brief Description of Community Service Performed:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Signature of Student: ______________________________ Date: ________________

TO BE COMPLETED BY SITE DIRECTOR
(where service was performed)

Rating of Student’s Work Performance:  □ Good  □ Very Good  □ Excellent
Site Director’s Comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Signature of Site Director: ______________________________ Date: ______________

Submit to:
Debbie Kresch, PLP Advisor
Student Activities Office, 350 Kehr Union
Bloomsburg University of PA
400 East Second Street * Bloomsburg, PA 17815
Phone: 570-389-5151 * Fax: 570-389-2615 * Email: dkresch@bloomu.edu