Community Service Reporting Form

The University Student Conduct System, represented by __________________________________ has an agreement with the student listed below to complete _____ hours of Community Service by

ID: __________________________________ Incident Date:____________________

Phone No. __________________________ Student Signature __________________ Date

________________________________________
Student Conduct Representative Date

DIRECTIONS

Step 1: Locator a venue to complete your hours. Please review the Community Service listing with the student conduct representative or visit the Community Service Volunteer Opportunities website at www.coastal.edu/conduct and select “Student Conduct Information for Students” followed by “Community Service Volunteer Opportunities”. Hours must be completed at a not-for-profit venue or event.

Step 2: Contact the agency/contact to schedule your hours.

Step 3: Complete and log Community Services Hours (on page 2 of this form)

Step 4: Sign and Return this completed two-page form to the Dean of Students Office at any of the following:

- Kearns Hall, Suite 105
- Eaglin Hall, Suite 123
- UP Grand Strand, Bldg. 102
- Fax to 843-349-2316, or
- Email to conduct@coastal.edu.

All service hours must be performed and completed in person. Service hours completed online will not be accepted.

Additionally, service hours may not be completed with any entity to which a student is affiliated. Service hours must be separate from pre-existing commitments or relationships.

Examples of these commitments include, but are not limited to:

- fraternity/sorority life;
- athletics;
- employment;
- other clubs/organizations;
- family members and friends.

All hours submitted will be verified by the Dean of Students Office.
# Community Service Hours

<table>
<thead>
<tr>
<th>Date</th>
<th>Time In</th>
<th>Time Out</th>
<th>Hours</th>
<th>Manager/Designee Signature and Printed Name</th>
<th>Agency Name</th>
<th>Phone Number</th>
<th>Verified (Office Use Only)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

With my signature below, I certify that the above information is true and accurate.

___________________________________________________   __________________________  TOTAL HOURS

Signature of Student              Date

****Failure to return this form by the deadline will result in a hold being placed on your account.****