



## Community Service

Lakeland College - Office of Student Activities

### LC Student Organization Information

Organization Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Participating Members: Please only include those who volunteered at this event

|       |       |
|-------|-------|
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### Community Service Information:

Event: \_\_\_\_\_

Partnering Organization: \_\_\_\_\_

Location: \_\_\_\_\_

Date: \_\_\_\_\_ Hours: \_\_\_\_\_

Description of Service: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for your service to the community!