

E. What is the *total number of hours* that were volunteered? (total hours from above) _____

F. Detailed Description of Project: (Additional sheets may be attached if needed.)

- a. Who specifically benefited from this project and how? (Children, families, students, etc.)
- b. What exactly did your organization do?
- c. When did you start the project? When did it end?
- d. How did your organization like the event?
- e. Why was this specific chosen?
- f. Was the project successful?

Beneficiary Organization: _____

Name of Representative: _____

Mailing Address: _____ City, State, Zip: _____

Comments from Representative:

Signature of Representative: _____ Date: _____

Student Organization President:

Signature of President: _____ Date: _____

Student Organization Advisor:

Signature of Advisor: _____ Date: _____

Official Use Only:

Community Affairs Action: Pass Do Not Pass Other

Explanation (if any):

Signature of Chair: _____ Date: _____
