

# COMMUNITY SERVICE REPORT

PELP Name: \_\_\_\_\_

This form must be turned in to your PELP facilitator within 2 weeks of completion of project.

Must complete 10 hours per semester.



Location: \_\_\_\_\_ Hours Served: \_\_\_\_\_

Reference Name: \_\_\_\_\_ Reference Contact #: \_\_\_\_\_

Reference E-Mail: \_\_\_\_\_

Briefly describe your work:

Is there a larger issue affecting the world, and how did your service make a difference?



Location: \_\_\_\_\_ Hours Served: \_\_\_\_\_

Reference Name: \_\_\_\_\_ Reference Contact #: \_\_\_\_\_

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