

COMMUNITY SERVICE FORM

This is to ce	his is to certify that Ithaca College Student				
volunteer s	services as sta	ated below.			
Event/Non	-Profit/Name	e of Organiza	ation:		
11011011011					
Date	Time In	e In Time Out Total Hours Duties/Services Performe		ormed	
	1				
Total Hour	's:				
Supervisor	Name (Pleas	se Print)			
Supervisor Signature					
Phone Number Email					

^{*}Please attach additional documentation as needed (letter of completion, volunteer time sheets, etc.)