

INDEPENDENT COMMUNITY SERVICE PROJECT PROPOSAL

Student Name: _____

Advisor Name: _____

Organization Name: _____

Organization Address: _____

Supervisor Name: _____

Supervisor Email: _____

Your involvement:

1. Why do you want to volunteer at this organization?

2. What kind of volunteer work will you be doing?

3. What is your volunteer schedule, and how many hours in total are you volunteering?

Student signature

Date

Community service advisor signature

Date