



## Office of Continuing Education and Service-Learning

Dr. Rory L. Bedford, Director

318-274- 2553 or 274- 2118

### Service-Learning Volunteer Form

Name: \_\_\_\_\_ G#: \_\_\_\_\_ Date: \_\_\_\_\_

Classification: \_\_\_\_\_ Email Address: \_\_\_\_\_

Contact#: \_\_\_\_\_ Major: \_\_\_\_\_

Name of the Organization: \_\_\_\_\_

Name of the Organization Advisor/Professor (Full Name): \_\_\_\_\_

Contact#: \_\_\_\_\_

Name of the Community Partner, Address (City) and Number of Participants:

The Semester(s) Community Activity Was Completed: \_\_\_\_\_

Write a Paragraph Explaining the Activity that was Completed:

Clubs and organizations should add an additional sheet that list names and G #s of members who participated in the activity. Completed forms should be returned to the Office of Service-Learning.