

MWSU Community Service

(These can be turned into Blum 207.)

Organizations Name _____
Student Name _____
Student Phone _____
Student E-Mail _____

Community Agency:
Agency Representative:
Representative Phone:
Representative E-Mail:

Date	Description of Service

Please provide a brief reflection of your experience. What did you most enjoy?
How could your experience have been better?

Student Signature: _____
Agency Representative Signature: _____
Date Submitted: _____

Keep up the good work!