

Fraternity and Sorority 5 Star Form

PLEASE FILL OUT BOTH SIDES OF THIS FORM

Name of Organization Submitting this form: _____

Name of Organization Hosting the Event: _____

Please Select the type of Form you are completing: _____

Event/Program/Fundraiser Group service form Individual service form

Name of Event: _____ **Date of Event:** _____

Number of Hours (if applicable): _____ **Location of Site:** _____

Give a brief description of the event in detail. Please include the standard for 5 Star that it is fulfilling. _____

If this event was a fundraiser, please indicate how much money was raised and how much was donated. Please provide documentation of the donation stapled to this form.

Amount raised: \$ _____

Amount donated: \$ _____

If you collected items to donate during the event, please indicate what was collected and the quantity. Please provide documentation of the donation stapled to this form.

Items Collected: _____

Quantity: _____

Site/Agency Contact Information

By signing this form, you indicate that you have accepted all volunteers at the site listed, that you have provided appropriate training and/or orientation required for this project, and that this time record accurately reflects all the volunteer's service:

Site Supervisor signature: _____ **Date:** _____

Phone Number: _____ **Email Address:** _____

Street Address: _____ **City:** _____ **State:** _____

**Please note that if this form is not completed, the Student Leadership & Engagement Office cannot accept the volunteer hours submitted by the organization.*

Sign In Sheet

<u>Name</u>	<u>Banner Number</u>	<u>Name</u>	<u>Banner Number</u>

Administrator's Signature: _____