

**Prairie View A&M University**  
**Volunteer Services Office**  
**Prairie View, TX**

**Volunteer Service Record**

Student Name:					
Project Name:					
Project Date(s):			Location:		
Project Goals/Objectives:					
Student Signature:			Date:		
Signature, Coordinator:			Date:		

	Service(s) Provided (Details about service)	Student Initial	Date	Service Hours	Org. Rep. Initial
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

<b>To Be Completed by Organization/Company To Whom Service Was Rendered</b>	
Organization Name:	
Representative Name:	Title:
Business Number:	Email:
Organization Address:	
Representative Signature:	Date:

<b>For Office Use Only</b>		
Hours Recorded	VSO Representative	Validation Date

This form must be completed and returned within three (3) days of COMPLETION of service to Volunteer Services Office after community services concludes.