



Community Service Plan

Chapter Name: _____

Semester: _____

Chapter Community Service Officer

Name: _____

Title: _____

Address: _____

E-mail: _____

Service Organization/Foundation Contact:

Name: _____

Title/Office: _____

Address: _____

Phone: _____

E-mail: _____

Total # of Community Service hours to be performed by your chapter during the semester: _____ hours

If you have any questions, feel free to call the Greek Life Office at 239-590-7904 or stop by the Student Union, Room 104 to set up an appointment.