



UTEP STUDENT-ATHLETE INDEPENDENT COMMUNITY SERVICE

ENTIRE FORM MUST BE COMPLETED IN ORDER FOR HOURS TO COUNT

Section 1	
Student-Athlete Full Name:	
Sport:	
Phone:	Email:
Volunteer Organization:	
THE FOLLOWING IS TO BE FILLED OUT BY ORGANIZATION REPRESENTATIVE:	
Representative Name:	
Representative Title:	
Rep. Phone Number:	Rep. Email:

Section 2
Date(s) of Volunteer Activities (if more than one date, please include number of hours done on each date):
Description of Volunteer Activities (be specific):
Did the student-athlete receive financial compensation? Yes _____ No _____ If yes, amount: \$ _____

TOTAL VOLUNTEER HOURS: _____

By signing below, the student-athlete and organization representative affirm that the above details are accurate and truthful. Community service hours WILL NOT be credited if any section is not completely filled out. This form must be signed by the student-athlete and organization representative for community service hours to be credited. Form must be returned to the Director of Student-Athlete Development in the Life Skills Office (Brumbelow, Room 132).

Student-Athlete Signature

Date

Organization Representative Signature

Date