

Bruin Leaders Project Community Service Report for Academic Year 2008-2009

Please complete this form as proof of your community service completion.

1. Student Information

Last Name _____ First Name _____

School ID: ___ - ___ - ___ Telephone ___ - ___ - ___

E-mail _____

2. Community Service

Name of Organization: _____

Address: _____

City: _____ State: _____ Zip code: _____

Telephone ___ - ___ - ___ E-mail: _____

Date	Hours

*attach additional dates and hours as necessary

Total Hours Completed _____

(Min. of 12 hrs for Civic Engagement 18)

Name of Reference/Contact: _____

Signature of Reference/Contact: _____

Telephone of Reference/Contact: ___ - ___ - ___

3. Evaluation of Service *(Each answer must be at least a few sentences on a separate sheet)*

- A. Describe your service involvement since you started the Bruin Leaders Project. Give specific examples.

- B. If someone wanted to join your service organization, what information would be useful for potential volunteers to know? (i.e. personal experiences, benefits of joining, minimum commitment required, level of time commitment)

- C. According to the Social Change Model, consciousness of self is a key in being able to develop consciousness of others. In what ways did your service project contribute to your self-awareness?

- D. What leadership qualities were developed during your service?

- E. What have you learned about collaboration in your service involvement?

- F. What positive social changes have resulted from your service involvement?

4. Student Certification

I certify that the stated service hours in this Community Service Report are true and accurate. I understand that any false statements made may jeopardize my earning the leadership certificate and/or receiving academic credit.

Signature of Student

Date