MILLIKIN UNIVERSITY®

GREEK Life

Greek Life Service Reporting Form

Agency Name _____   Supervisor Name _____

Agency Phone Number _____   Agency Address _____

Greek Organization _____

**Community service is defined as a service that a person performs for the benefit of the local community. This does _not_ include volunteering your time at a philanthropy event or an internship.*

Date	Volunteer Names	Volunteer ID #s	Direct Service Provided (What did you do?)	Hours of Service

Please attach a list with the information (above) if you have additional hours.

Questions? Contact the Office of Inclusion and Student Engagement at 217-424-6335