

Females United to Uplift, Reshape, and Educate

F.U.T.U.R.E

Community Service Form

Member Information

Name: _____ Date: _____

Classification: _____ Semester: _____

Service Detail's

Name of Organization: _____

Location of Service: _____

Total Number of Hours Volunteered: _____

Task Performed: _____

Verification Information

Name of Verifier: _____ Date: _____

Verifier's Signature: _____

Member Signature: _____

...by any means necessary.