

Organization			Contact Person	
Organization Address				
Contact Phone		Contact Email		
		Number of Volunteers (please attach a list of names)	Hours Per Student	Total
Date	Service Times			

This certifies that

(organization)

has worked the above hours at

(agency)

(Agency Representative)

(Date)

(Student Organization Representative)

(Date)

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Please print and return to:
Semester of Service
Office of Community Service Programs
Russell House University Union, West Wing, Lower Level
Columbia, SC 29208
803-777-1801 (voice) • 803-777-6161 (fax)
email: uscsos@hotmail.com

Please be sure to attach a list of names of participants in the project!