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**Lincoln Memorial University-**

**DeBusk College of Osteopathic Medicine**

**Community Service Form**

# *Return this form to Student Activities Coordinator (Caleb Arnold)*

**Current Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Name of Organization:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Community Service (CS):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Location of CS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of CS:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Begin Time:** \_\_\_\_\_\_ **End Time:** \_\_\_\_\_\_

**Description and Purpose of Community Service:**

***Signature***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_

Club officer

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***FOR ADMINISTRATIVE USE ONLY***

**Comments:**

###### ⁯ Approved ⁯ Not Approved

***Signature*:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_