

## Associated Students of New Mexico State University

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## **Community Service Projects**

These two steps MUST be taken for Community Service to be considered by the Community Affairs Committee:

- 1) Complete and submit this form to the Community Affairs Committee Chair's mailbox in the ASNMSU Office before 12:00 Noon on the Monday of the Community Affairs Committee Meeting!
- 2) At least one knowledgeable representative MUST attend the Community Affairs Meeting.

  \*To receive funding from ASNMSU, at least 25% of the organizations members must complete a minimum of two (2) hours of on-campus, and two(2) hours off-campus community service projects (per person). Service projects are valid up to one hundred and eighty (180) days after the community service has taken place.
  - \* Any community service project that is also a fundraiser of any kind for the club, or is, in any form a competition against other clubs or organizations WILL NOT be accepted by the committee as community service.
  - \*All community service validity is at the discretion of the Community Affairs Committee.

Name	of Organization:							
Contact Person: Phone#:								
Benef	iciary of Project: On Can	npus 🗌 Off Campus 🔲	Date(s) of Project	s:				
Locati	on where project took pla	ace:						
Α.	. How many <i>total members</i> are in your organization?							
B.	How many members participated in this project?							
C.	What is the % of the membership that participated? (b/a)							
D. projec	List the name of <i>every member</i> in the organization <i>who participated</i> in this community service ject. Next to their name include the total hours they participated. (use additional sheets if needed)							
Name		Hours Volunteered	Name	Hours Volunteered				
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E. Wh	at is the total number of	hours that were voluntee	ered? (Total hours fr	om above)				



F.	Detai a. b. c. d. e. f.	b. What exactly did your organization do? c. When did you start the project? When did it end? d. How did your organization like the event? e. Why was this specific chosen?				
Bene	ficiary (	Organization:				
Name	e of Rep	resentative:				
Maili	ng Addı	ress:	City, State, Zip:			
Comi	ments fr	om Representative:				
Signa	iture of	Representative:	Date:			
Stude	ent Orga	nization President:				
Signa	iture of	President:	Date:			
Stude	ent Orga	nization Advisor:				
Signa	iture of I	Advisor:	Date:			
Office	ial Use (	Only:				
Comi	munity A	Affairs Action: Pass	Do Not Pass Other			
Expla	anation (	(if any):				
Signa	uture of	Chair:	Date:			