



# Florida Caribbean Students Association Inc.

## Community Service Record Form\*

FCSA Member Organization: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)

Organization Name: \_\_\_\_\_

On Campus: YES  NO

If Yes - On campus location: \_\_\_\_\_

If No - Address: \_\_\_\_\_

: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Host Organization being assisted:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone#: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Date	Hours	# Persons

Total: \_\_\_\_\_

Signature

Signature

\_\_\_\_\_  
Host organization contact

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm/dd/yyyy)

\_\_\_\_\_  
FCSA organization contact

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm/dd/yyyy)

\*This form is to be attached to the Organization Activity report form