

## Phi Theta Kappa Community Service Hours

	Member Name:		<u> </u>
	Phone Number:		
	Email:		
	Host Info	rmation	
Organization name:			
Event/Opportunity r	name:		
Location:			. <u></u>
Volunteer date: Total Hours Volunteered:			
what did you learn?			the community, and
			spenthours
(Adviser/Officer/Superv		(name of member)	
volunteering for our	this organization.		
Signature of Adviser	O		date: