



Group Community Service Form

American Society of Civil Engineers

University of Central Florida

EGN I Rm 189A

Orlando, FL 32828

E-mail: asceucf@gmail.com

This form can only be filled out by an ASCE officer:

Event Title: _____

Event Date: _____ ASCE Community Service Event(Y/N): _____

Brief description of event: _____

1) Student Name: _____ Member(Y/N): _____ Hours: _____

Student Signature: _____ Date: _____ Officer Initials: _____

2) Student Name: _____ Member(Y/N): _____ Hours: _____

Student Signature: _____ Date: _____ Officer Initials: _____

3) Student Name: _____ Member(Y/N): _____ Hours: _____

Student Signature: _____ Date: _____ Officer Initials: _____

4) Student Name: _____ Member(Y/N): _____ Hours: _____

Student Signature: _____ Date: _____ Officer Initials: _____

5) Student Name: _____ Member(Y/N): _____ Hours: _____

Student Signature: _____ Date: _____ Officer Initials: _____

6) Student Name: _____ Member(Y/N): _____ Hours: _____

Student Signature: _____ Date: _____ Officer Initials: _____

7) Student Name: _____ Member(Y/N): _____ Hours: _____

Student Signature: _____ Date: _____ Officer Initials: _____

8) Student Name: _____ Member(Y/N): _____ Hours: _____

Student Signature: _____ Date: _____ Officer Initials: _____

9) Student Name: _____ Member(Y/N): _____ Hours: _____

Student Signature: _____ Date: _____ Officer Initials: _____

10) Student Name: _____ Member(Y/N): _____ Hours: _____

Student Signature: _____ Date: _____ Officer Initials: _____

Officer Signature: _____ Date: _____