



Club/Organization Service Project Planning Form

Club/Organization Name: _____

Membership: _____

Advisor: _____

WILL ADVISOR BE PRESENT AT SERVICE PROJECT? YES NO

Club/Organization President: _____

e-mail Address: _____

Phone Number: _____

Service Project Site: _____

*Description does not have to be a specific location.

Anticipated Dates of Project: _____

Site Contact Name: _____

Describe the service your organization will perform:

Outline the steps your organization plans to take to complete the service project:

What community need/issue does your project address?

IF THE PROJECT PLANS CHANGE DURING THE COURSE OF THE SEMESTER, A NEW PLANNING FORM MUST BE SUBMITTED AND APPROVED