Associated Students of New Mexico State University
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 organization’s members must complete a minimum of two (2) hours of on-campus, and two (2) hours of off-campus community service projects (per person). Service projects are valid up to one hundred and twenty (120) 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 organization WILL NOT be excepted 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 #: ____________________________

Beneficiary of Project: □ On Campus □ Off Campus Date(s) of Project: ________________

Location where project took place: ____________________________________________

A. How many total members are in your organization? _________

B. How many members participated in this project? _________

C. What is the % of the membership that participated? \( \frac{b}{a} \) _________

D. List the name of every member in the organization who participated in this community service project. Next to their name include the total hours they participated. (Use additional sheets if needed)

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E. What is the lowest number of hours that were volunteered individually? _________
F. Detailed Description of Project: (Additional sheets may be attached if needed)
a. Who specifically benefited from this project and how? (children, families, students, etc.)
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 project chosen?
f. Was the project successful?

Beneficiary Organization: ____________________________________________
Name of Representative: __________________________ Title: ______________
Mailing Address: __________________________ City, State, Zip: ______________
Comments from representative: _______________________________________

Signature of Representative: __________________________ Date: ___________

Student Organization President: ________________________________
Signature of President: __________________________ Date: ___________

Student Organization Advisor: ________________________________
Signature of Advisor: __________________________ Date: ___________

Official Use Only:
Community Affairs Action: Pass ( ) Do Not Pass ( ) Other ( )
Explanation (if any): ____________________________________________

Signature of Chair: __________________________ Date: ___________