



O'Connor Center for Community Engagement

Summary of Volunteer Hours

Please complete this
form & return to the
OCCE within
1 week of completing
service

217 Farrell Hall,
607-746-4781

Name and Phone # of Person Completing this form: _____()_____-_____

Club or Organization Name: _____

Mailbox # for Individuals _____

*(If this is not for a club or group, please use one form per person, write OCCE for the organization name,
and include your campus mailbox # to receive your copy of this form)*

(Please print legibly – in CAPITAL BLOCK letters – full names only!)

First Name of Volunteer	Last Name	800 # (Student ID)	# of Hours	Date of Service

Where did you volunteer? _____

Volunteer Supervisor's Name and Phone # _____()_____-_____

Brief description of service _____

Signature of student completing form

Community Agency/Supervisor Signature

Instructor/ Advisor Signature & phone # and/or email

Office use only:
Date Received/by _____

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