

# Proposal for Community Service

## School of Graduate and Professional Studies



Community Service  
Wittenberg University  
Hagen Center  
723 North Fountain Avenue  
937-327-7523

### Please check one of the following:

- Seeking approval for previous service experience
- Seeking approval for service not yet completed

Today's Date \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Service Site \_\_\_\_\_

Name of Site Supervisor \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Email of Site Supervisor \_\_\_\_\_ Phone # \_\_\_\_\_

Starting Date of Service \_\_\_\_\_ Ending Date of Service \_\_\_\_\_

Total Service Hours (if previous service experience) \_\_\_\_\_

**If you did not complete (or will not be completing) your service with a current Community Service partner site, then please complete the following.**

**(1) My service experience provided or will provide me the opportunity to achieve the following outcomes:**

**(Check all that apply)**

- Acquire and apply skills, abilities, and knowledge to serve an organization that benefits the community.
- Gain an understanding of a community by building reciprocal relationships within a community organization.
- Develop an empathetic understanding for other people and life situations.
- Build confidence in one's ability to contribute to the common good.
- Understand one's responsibility to be an active citizen in society.

**(2) On a separate sheet, please explain the tasks/responsibilities of your service experience and an overview of how it meets (or met) the guidelines for Community Service 100. Please limit to 1 page.**

*My service experience met or will meet the Community Service Guidelines* (please refer to the guidelines listed on the FAQ handout about Community Service- School of Graduate and Professional Studies). *I also give permission for quotes from my essay to be used for service promotion. I affirm that my work for CMSV 100 will uphold the highest standards of honesty and academic integrity at Wittenberg, and that I will neither give nor receive any unauthorized assistance.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Office Use: Approved: yes \_\_\_\_\_ no \_\_\_\_\_

Logged \_\_\_\_\_

OFFICE DOCS/ SGPS Proposal