

**Western Kentucky University
Sport Club Volunteerism**

Name: _____

Club: _____

Community Project: _____

Project Date: _____

Total Hrs. Completed _____ (If more than one person is listed on this form, you must include the hours that each of them volunteered below)

Name: _____	Hrs: _____
Name: _____	Hrs: _____
Name: _____	Hrs: _____
Name: _____	Hrs: _____
Name: _____	Hrs: _____
Name: _____	Hrs: _____
Name: _____	Hrs: _____

Community Advisor(s) Signature _____

Community Advisor Phone _____

ALL VOLUNTEER ACTIVITIES MUST BE PRE-APPROVED BY THE IM-REC DEPT.

* Please ask for a copy of this document when submitting it to the IM-Rec. Sports Office.

Office Use Only

Date Received: _____

Approved By: _____

Comment: _____

