



**Lincoln Memorial University-
DeBusk College of Osteopathic Medicine
Community Service Form**

Return this form to SGA First Vice-President

Current Date: ___/___/___

Name of Organization: _____ \

Name of Community Service (CS): _____

Location of CS: _____

Date of CS: ___/___/___

Begin Time: _____

End Time: _____

Description and Purpose of Community Service:

Signature: _____ **Date:** _____

Faculty Advisor

FOR ADMINISTRATIVE USE ONLY

Comments:

Approved

Not Approved

Signature: _____ **Date:** _____

SGA First Vice-President