



STUDENT COMMUNITY SERVICE FORM

Return this form by the 1st of each month to Pacific Intercultural Exchange
8880 Rio San Diego Drive, Suite 1045, San Diego CA, 92108
Or Fax to: 1-619-238-6717

(Please keep copies of this form for your records)

Student Name: _____ Country: _____ Month: _____

Activity #1:

Name of Organization: _____ City/State: _____

Date(s) Worked: _____

Total Hours completed at this location during this reporting period: _____

Description of Activity Completed: _____

Name of Contact Person: _____ Signature: _____

Activity #2:

Name of Organization: _____ City/State: _____

Date(s) Worked: _____

Total Hours completed at this location during this reporting period: _____

Description of Activity Completed: _____

Name of Contact Person: _____ Signature: _____

Activity #3:

Name of Organization: _____ City/State: _____

Date(s) Worked: _____

Total Hours completed at this location during this reporting period: _____

Description of Activity Completed: _____

Name of Contact Person: _____ Signature: _____

STUDENT SIGNATURE: _____ HOST FAMILY INITIALS _____