

Alpha Phi Omega Iota Phi Service Project

Name of project: _____

Organization: _____

Contact person: _____

Location: _____

Description: _____

Date of Event: _____

Shifts: _____

Max # of people: _____

Chair Person(s) : _____

Please complete in it's entirety as legibly as possible

Chair please use these codes to check people in. Check = present, 0 = no show, L = late, E = left early

CHAIR ONLY

	Name	Best phone number	E-mail address	Shift(s)	Drive?	Family?	Active?	Time In	Time Out
1		()							
2		()							
3		()							
4		()							
5		()							
6		()							
7		()							
8		()							
9		()							
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21		()							
22		()							
23		()							
24		()							
25		()							
26		()							
27		()							

Chair please hang on to this paper and turn it in with the evaluation form to the service VP's with 72 hours of the event's conclusion. Thank you!