

COMMUNITY SERVICE

Please list the organization(s) name and title of the person(s) who have completed the attached Community Service Certification Form(s). Please indicate the number of hours and the year you volunteered with each organization for each undergraduate year.

Year 1: Organization: _____

Address: _____

City: _____ State: _____ Zip-Code: _____

Title: _____

Year(s): _____ Hours: _____

Year 2: Organization: _____

Address: _____

City: _____ State: _____ Zip-Code: _____

Title: _____

Year(s): _____ Hours: _____

Year 3: Organization: _____

Address: _____

City: _____ State: _____ Zip-Code: _____

Title: _____

Year(s): _____ Hours: _____

Year 4: Organization: _____

Address: _____

City: _____ State: _____ Zip-Code: _____

Title: _____

Year(s): _____ Hours: _____



Los Padres Foundation
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lpfadmin@lospadresfoundation.com

Date: _____

TO: Supervisor
FROM: Lillian Rios–President
RE: Gilbert Rios Memorial Award–Community Service Certification

(Print student's name) _____ is an applicant for a Los Padres Foundation Gilbert Rios Memorial Award for graduate studies. One of the requirements to receive this award is that the student must have completed a total of 100 hours of community service in each undergraduate year. Please indicate the year(s) and the hours the student volunteered with your organization.

We would appreciate your completing the information below and providing on your organizations letterhead (1) brief description of your organization and (2) the specific work the student did with your organization. If you have any questions, please contact Los Padres Foundation. Please return this form to the student. The student must have this form on file with us by February 1. Thank you for your cooperation

I certify that (Student's name) _____ volunteered

YEAR 1	20____	HOURS_____	YEAR 2	20____	HOURS_____
YEAR 3	20____	HOURS_____	YEAR 4	20____	HOURS_____

Organization: _____

Address: _____

City: _____ State: _____ Zip-Code: _____

Phone: _____ Fax: _____

E-Mail: _____

Supervisor's Name (print): _____

Supervisor's Signature: _____ Date: _____