

STUDENT NAME: \_\_\_\_\_

X ID NUMBER: \_\_\_\_\_

**COMMUNITY SERVICE RECORD**

**LSCC NURSING**

It is the responsibility of the student to submit this form to his last clinical instructor in the Spring of his Senior year prior to beginning the practicum. Community volunteer hours performed must be health promotion related.

FACILITY NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

EVENT NAME: \_\_\_\_\_

# HOURS: \_\_\_\_\_

DESCRIPTION OF SERVICE(S) PROVIDED: \_\_\_\_\_

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\_\_\_\_\_  
VERIFYING SIGNATURE

\_\_\_\_\_  
TITLE