



**Stony Brook University**  
**Fraternity & Sorority Life**  
**Five Star Standards Program 2011-2012**

**Community Service Documentation**

Organization Receiving Service	
Contact at Charity / Beneficiary	
Contact Phone Number	
Date of Service Project	
Total Number of Hours Completed	
Description of Service Project	
Verification Signature	

**Names of Fraternity/Sorority Members in Attendance**

- |     |     |
|-----|-----|
| 1.  | 11. |
| 2.  | 12. |
| 3.  | 13. |
| 4.  | 14. |
| 5.  | 15. |
| 6.  | 16. |
| 7.  | 17. |
| 8.  | 18. |
| 9.  | 19. |
| 10. | 20. |