



Phoenix Institute of Herbal Medicine & Acupuncture  
301 E. Bethany Home Rd., Ste. A-100, Phoenix, Arizona 85012

## Community Service Form

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Number of Hours Contributed: \_\_\_\_\_

Description of duties/actions in program:

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Signature of Dean of Students

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Signature of Registrar

*All community service hours approved by Dean of Students. Submit signed form to Registrar.*