

Phoenix Institute of Herbal Medicine & Acupuncture  
301 E. Bethany Home Rd. Suite 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Dean of Students

\_\_\_\_\_  
Signature of Registrar