

Office of Student Affairs - Civic Engagement
Community Service Log Form

CS Code (from L.O.V.E.) or CS Pre-approved Code: _____

Student Name: (Eng) _____ (Chi) _____

Student ID: _____ Contact Number: _____

Study Programme : _____ Year of Study: _____ Year of 2012/13 2013/14
Entry: 2014/15 2015/16

Email: _____@ln.hk Non-local Student:

Name of Service Organisation: _____

Name of Service Programme: _____

Period of Service : From(DD/MM/YY) _____ To _____

1. Nature of Service Target:

- | | | | |
|--|---|---|--------------------------------|
| <input type="checkbox"/> Children | <input type="checkbox"/> Youth | <input type="checkbox"/> Family | <input type="checkbox"/> Elder |
| <input type="checkbox"/> Women | <input type="checkbox"/> Mentally-ill Patient and Rehabilitator | <input type="checkbox"/> Disabled | |
| <input type="checkbox"/> New Arrivals | <input type="checkbox"/> Mentally Handicapped | <input type="checkbox"/> Street Sleeper | |
| <input type="checkbox"/> Offender | <input type="checkbox"/> Rehabilitated Drug Abuser | <input type="checkbox"/> The Public | |
| <input type="checkbox"/> Ethnic Minorities | <input type="checkbox"/> Other: _____ | | |

2. Nature of Service:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Office Work | <input type="checkbox"/> Coaching Service | <input type="checkbox"/> Escort Service | <input type="checkbox"/> Concern Visits |
| <input type="checkbox"/> Manual Labour | <input type="checkbox"/> Befriending/ Mentoring | <input type="checkbox"/> Tutoring | <input type="checkbox"/> Conducting Research Work |
| <input type="checkbox"/> Fund-raising | <input type="checkbox"/> Environmental Protection | <input type="checkbox"/> Organising Educational Groups & Activities | |
| <input type="checkbox"/> Organising Developmental Groups & Activities | <input type="checkbox"/> Strategic/ Business Planning for Organisation | <input type="checkbox"/> Other: _____ | |

3. What duties did you take up in this service?

4. What impact did your service have on you personally, the agency or the community?

For recognized CE hours (To be completed by service agency / coordinator)

Total Training Hours the Volunteer Attended: _____ Name of Person-in-charge: _____

Total Service Hours the Volunteer Provided: _____ Contact Tel: _____

Official Chop of Service Agency: _____ Signature: _____

- Please return this form to the OSA (G/F, WYL) within one month of the service completion
- This form can be downloaded at <http://www.ln.edu.hk/osa/ce>
- For enquiry, please contact OSA at Tel: 2616 7023 email: c.connects@ln.edu.hk