

**SAVANNAH STATE UNIVERSITY**  
**DIVISION OF STUDENT AFFAIRS**

**CENTER FOR LEADERSHIP AND CHARACTER DEVELOPMENT**  
P.O. Box 20316 • SAVANNAH, GA 31404  
PHONE: 912-358-3433



Savannah State University  
**STRIPES CERTIFICATION**

**Leadership Education & Academic Development (L.E.A.D.) Program & Community Service Project Sheet**

The following signed form documents community service that you have completed during this academic term. Upon completion of community service this form should be signed by the director/coordinator of the community service project or an engaged supervisor (students cannot sign as supervisor).

Student Name: \_\_\_\_\_ SID#: \_\_\_\_\_

Student Email: \_\_\_\_\_

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

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

Program/Activity Title: \_\_\_\_\_

Service Activity Supervisor: \_\_\_\_\_

Date of Activity: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Activity Location: \_\_\_\_\_

Total Hours participating in activity (minus breaks and down time): \_\_\_\_\_

Type of Activity:  L.E.A.D. Seminar/Training  Volunteer/Community Service Activity

Describe the activity and services provided:

How does this project positively affect that community?

\_\_\_\_\_  
Student Signature

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

\_\_\_\_\_  
Activity Supervisor Name

\_\_\_\_\_  
Activity Supervisor Title

\_\_\_\_\_  
Activity Supervisor Phone

\_\_\_\_\_  
Supervisor Email

\_\_\_\_\_  
Activity Supervisor Signature

*Students may not sign as Activity Supervisor; signature must be from University or agency employee*

**“EARN YOUR STRIPES”**  
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