

**Skyline College
Respiratory Therapy Program
Community Service Proposal**

Name: _____ Date: _____

Organization: _____

Name of Activity: _____

To qualify for community service, the activity must meet the following requirements:

1. Take place outside of class time.
2. Be related to Respiratory Care.
3. Benefit others.

Describe how this event relates to Respiratory Care: _____

Describe what the activity will entail:

Estimated hours: _____

Program or Clinical Director Approval

Date

Community service must be approved prior to activity date to qualify toward requirement.

Community Service Documentation

Organization: _____

Contact Person: _____ Phone #: _____

Date of function: _____ # of Hours involved in function: _____

Describe details and what you gained from this experience (*attach 1 page type written sheet*):

1. Describe details of the activity including the organization and person(s) affected.
2. Reflect and summarize how your participation and contribution positively impacted those affected.
3. How this activity contributed to your professional growth.

Contact Person Signature

Student