



Name.....Sec.....
ID.....Faculty.....Order.....

Volunteer Activity

attend at least 3 hours

Present to.....(Professor)

Place.....date.....

Register courses 01999033 Arts of Living in SemesterYear.....

Sign.....
(.....)

Warrantor

Warrantor Address

.....
.....

Warrantor opinion on your volunteer activity

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

1. Benefits from participation (with an explanation and example)

.....
.....
.....
.....
.....

2. Your feedback on the activity

.....
.....
.....
.....
.....
.....
.....
.....

3. Other comments

.....
.....
.....
.....
.....
.....
.....
.....

Submissions date

...../...../.....