



**HUSTON-TILLOTSON UNIVERSITY ACTIVITY/EVENT
COMMUNITY OUTREACH FORM
(FOR ON- AND OFF-CAMPUS ACTIVITIES/EVENTS)**

This form to be completed at the conclusion of each activity/event.

Date of Activity/Event: _____

Name of Activity/Event: _____

Location of Activity/Event: _____

Contact Person(s): _____ Email: _____

Phone (Office): _____ Cell: _____

HT Class/Organization/Entity _____

HT Faculty/Staff/Contact Person(s): _____

Email: _____

Phone (Office): _____ Cell: _____

Activity/Event Type: ___ Internship ___ Volunteer Assignment ___ Community Service ___ Other _____

Number Participants: ___ HT Students ___ HT Faculty ___ HT Staff/Administration ___ Community

Reoccurring Event: ___ Yes ___ No Outreach Total Hours: _____

Student Learning Outcomes:

Return form to:

Huston-Tillotson University | Center for Civic Engagement and Community Outreach | Attn: Linda Y. Jackson
Sandra Joy Anderson Community Health and Wellness Center | Office 106 | 900 Chicon Street | Austin, TX 78702

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