



**Center for Social Concern and Action**  
 SPS 401 De La Salle University  
 (Telefax) 523-4143; TL 524-4611 loc. 147/417

**COMMUNITY SERVICE ACTIVITY FORM (CS-A Form)**

**Please Check:**

- Relief Operation
- Visit to community/agency
- Concert/play beneficiaries
- Medical Mission
- Advocacy Work
- Others (please specify) \_\_\_\_\_

Date filed: \_\_\_\_\_  
 Sponsoring Organization: \_\_\_\_\_  
 Title of Activity: \_\_\_\_\_  
 Beneficiaries: \_\_\_\_\_  
 Partner community/office/agency: \_\_\_\_\_  
 Address: \_\_\_\_\_

Objectives of the Activity:

Date & Time of the Activity: \_\_\_\_\_  
 Schedule of Activities (time & specific activities/program)

(please use additional sheet if necessary)

Accomplished by: \_\_\_\_\_ ID # \_\_\_\_\_ College/Course: \_\_\_\_\_  
 Designation: \_\_\_\_\_ Cellphone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Name of Adviser: \_\_\_\_\_

**Note:**

1. Please submit the form 10 school days before the activity, 15 school days for community service activities that needs coordination with COSCA partner communities.
2. A Memorandum of Agreement (MOA) between the sponsoring organization and the partner community is needed for the following activities (No MOA, no approval for activity):
  - Concert beneficiaries
  - Play beneficiaries

Received by: \_\_\_\_\_  
 Date: \_\_\_\_\_

Please print-out in yellow and blue long bond paper and submit 10days before the activity.