



NAME: _____ EMAIL: _____ STATUS: ☐ 1ST ☐ 2ND ☐ Member ☐ Assoc.

TYPE OF EVENT: ☐ Service/Volunteering ☐ Professional ☐ Tutoring

NAME OF EVENT: _____

DATE OF EVENT: _____ START TIME: _____ END TIME: _____

☐ CHECK HERE IF THIS WAS A BAP SPONSORED EVENT. *

DRIVE-TIME (ONE WAY): _____

DESCRIPTION OF EVENT/TUTORING SESSION:

X

SIGNATURE OF EVENT SUPERVISOR/TUTEE

Service and Professional hours that are not sponsored by BAP through Volunteer Odyssey or emails, is **limited to 250 minutes. Any Service or Professional event you attend beyond this limit will not count toward your requirements.*



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