TO WHOM IT MAY CONCERN

Dear Sir/Madam,

RE: KABARAK UNIVERSITY STUDENTS COMMUNITY SERVICE

Kabarak University is committed to providing a holistic and world class quality education in a Biblical Christian Perspective through teaching, research, innovation and community service.

In keeping with this, the University is pleased to introduce to you the bearer of this letter who is a student of Kabarak University pursuing Bachelor of ___________________________ degree programme.

The student has identified your organization/institution/company as a place where he/she will volunteer his/her time and skills to provide service to the community.

The University, therefore, kindly requests you to offer at least a three-week period during the Month of __________ Year ________ for the student to serve the community through your organization/institution/company.

Please feel free to involve this student in activities such as starting a new project or strengthening an existing one to improve the performance of your organization.

If you have any questions or comments, please contact the Communication and Marketing Manager on e-mail: amarangu@kabarak.ac.ke or Tel. 0724 793 447.

Thank you.

Yours faithfully,

Andrew Marangu
Communication & Marketing Manager

Kabarak university moral code
As members of Kabarak University family, we purpose at all times and in all places, to set apart one’s heart Jesus as Lord.
(1Peter 3:15)
KABARAK UNIVERSITY
COMMUNITY SERVICE EVALUATION FORM

Instructions
This form should be completed and submitted to the Communications & Marketing Office
upon completion of the Community Service Programme to meet graduation requirements.
Please use additional Plain sheet of paper if necessary.

To be completed by the student
Student Name: ___________________________ First ___________________________ Middle
Registration Number: ___________________________
Tel. No ___________________________ Email ___________________________
Degree Programme: ___________________________
Name of School ___________________________ Name of Dean ___________________________
Email Address of Dean ___________________________

Contacts of institution/organization where community service was offered:
Name ___________________________
Box ___________________________ Postal Code ___________________________ Town ___________________________ County ___________________________
Telephone: ___________________________ Email: ___________________________

COMMUNITY SERVICE DETAILS

Duties and responsibilities carried out
_________________________________________
_________________________________________
_________________________________________
_________________________________________

State the specific contributions or changes you initiated in the community:
_________________________________________
_________________________________________
_________________________________________
_________________________________________

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What are the major needs of the community where you served?


Suggest ways of meeting those needs.


Identity the challenges you experienced during the community service


Give recommendations for solving the above challenges


What did you gain or learn from the community service?


I certify that the information provided above is true and complete in all respects and that no relevant information has been withheld. I understand that the provision of false or incomplete information may result in discipline under Kabarak University's Student Code of Conduct.

Student's Signature: ___________________ Date ___________________

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TO BE COMPLETED BY THE COMMUNITY SERVICE SUPERVISOR

Supervisor details

Supervisor’s Name

Email Address __________________________________________ Tel. No __________

Period the student has done his/her community service

Beginning Date: _____ Month _____ Year _____ End Date: _____ Month _____ Year _____

Overall Comments by the Supervisor

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Supervisor’s Signature: __________________ Date __________ Stamp __________

FOR OFFICIAL USE (To be completed by the Department)

Grade Awarded: _______ [ ] Satisfactory [ ] Unsatisfactory

Remarks:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Marked by:

Name __________________ Title: __________________
Signature: __________________ Date __________