



Service Coordinator Report Form

Name: _____ Chapter: _____
Phone Number: _____ School: _____
Email Address: _____ Officer Term Began: _____
Date: _____ Officer Term Ends: _____

Instructions: *Please complete this form and return it to your chapter President. This form must be submitted two weeks prior to your chapter's scheduled visit. For this meeting, please bring your officer materials and all documentation related to your officer.*

What is your position's title? _____

Is this an elected position? ☐ YES ☐ NO

Describe the responsibilities and expectations for your office:

Marching Band Service (if applicable)

Concert Band & Small Ensembles Service

Department & University Service

Community Service

What projects has the chapter completed this year? Are you currently planning any projects?

What is your chapter's most impactful service to your band program?

How do you hold members accountable for completing service? Have there been participation concerns?

Is there anything else you would like to discuss with the CFR?