Hours: Submit total number of hours that you volunteered. Does not include travel time.

Date: Date that you volunteered

Service Type: If applies to osteopathic medicine (CUCCC, club events, fundraising for the clinic) choose TOUCH. If any questions email [n\_kumar0612@email.campbell.edu](mailto:n_kumar0612@email.campbell.edu)

Event Name: Campbell University Clinic

Event Location: CUCCC

Event Setting: Rural

Event Coordinator Name: Dr. Joe Cacioppo

Event Coordinator Name: [cacioppo@campbell.edu](mailto:cacioppo@campbell.edu)

What type of service was provided: Health Care

How does this event serve to benefit the community: Write 2-4 sentences describing what you did and how it benefits the community. You can copy and paste and use the same description each time you volunteer at the clinic.