



## Service Learning Log-in Form

**Jackson State University**      **601-979-1294 (Office)**      **Jacob L. Reddix Building**      **1<sup>st</sup> Floor, Suite 110**

**Directions:** Forms should be completed legibly and submit to your professor; we will **not** accept faxed forms. **Guidelines:** Students are volunteering at schools between 7:30 am- 4:00 pm (elementary, middle, high) must obtain the signature of the office staff or principal. By the school's visitor policies, volunteers must check in at the main office, each visit. Our office will only verify student's volunteer attendance via the mention school's official visitor's log. Failure to obtain proper signatures, abide by the guidelines set forth or obtain site approval, before the submission of this service learning form, will result in the rejection of hours. **Students cannot work more than 8 hours in one day.** Students must attend the **MANDATORY ORIENTATION** & complete the registration form before going to a site. Hours will not count if you do not attend the orientation or complete the registration form (no exceptions).

Service Date: August 21, 2017- October 13, 2017

Forms Due: October 6, 2017

Student Last Name \_\_\_\_\_ First Name \_\_\_\_\_ J# \_\_\_\_\_

Student Contact # \_\_\_\_\_ Instructor \_\_\_\_\_

Course \_\_\_\_\_ Location/Site Agency \_\_\_\_\_

Semester Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Fall Intersession \_\_\_\_\_ Spring Intersession \_\_\_\_\_

Date (only one date per line)	Time In	Time Out	Total Hours	Services Provided (Details of the duties that were completed)	Supervisor's Initials (Hours will not be credited if there are no initials)
<u>  /  /  </u>	AM _____ PM _____	AM _____ PM _____			
<u>  /  /  </u>	AM _____ PM _____	AM _____ PM _____			
<u>  /  /  </u>	AM _____ PM _____	AM _____ PM _____			
<u>  /  /  </u>	AM _____ PM _____	AM _____ PM _____			
<u>  /  /  </u>	AM _____ PM _____	AM _____ PM _____			
<u>  /  /  </u>	AM _____ PM _____	AM _____ PM _____			
<u>  /  /  </u>	AM _____ PM _____	AM _____ PM _____			

**Total Hours** \_\_\_\_\_

I, \_\_\_\_\_, the above student's site supervisor, do certify that the above mentioned student \_\_\_\_\_  
(Supervisor's printed name) (Student's printed name)

completed the above listed hours and is not a paid employee, consultant or work-study student at my organization/agency.

Site Supervisor's Signature \_\_\_\_\_ Site Supervisor's Title \_\_\_\_\_ Date \_\_\_\_\_

Site Supervisor's Contact Number (no cell numbers) \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_ Student's Phone Number \_\_\_\_\_