

Service Learning Log-in Form

Jackson State University

601-979-1761 (Office)

Jacob L. Reddix Building

1st Floor, Suite 110

Directions: Forms should be completed legibly and submit to your professor; we will **not** accept faxed forms. **Guidelines**: Hours from previous semesters or hours served prior to current service dates will not be accepted. All sites/agencies not listed on the Harden Center's Agency List, must be approved by our staff prior to service rendered. Students may not complete service where they are currently employed. **In keeping with federal regulations, students may not volunteer more than 8 hours per day.** Students volunteering at schools between 7:30am- 4:00pm (elementary, middle, high) must obtain signature of the office staff or principal. In accordance with the school's visitor policies, visitors (volunteers) must check in at the main office, each visit. Our office will only verify student's volunteer attendance via the mentioned school's official visitor's log. For all other approved sites, the agency representative must provide signature and initials as the supervisor on the service-learning form. 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.

| | | | Forms Due | : Friday, August 2, 2019 | | | | | | | | | |
|---|--|---|---|---|--|--|------------------------------|---------|----------|----------------|--|---------|--|
| Student NameStudent Contact # Course | | | | | | | | | | | | | |
| | | | | | | | Semester Fall Spring Summer_ | | | Summe | Fall Intersession Spring Intersession | | |
| | | | | | | | Date | Time In | Time Out | Total Hours | Services Provided (Details of the duties that were com | pleted) | Supervisor's Initials (Hours will not b credited if there are no initials) |
| | | | | | | | | | | | | | |
| A = 0 FORGER | N. NOVONEGOV. | | | | Total Hours | | | | | | | | |
| not be tolerat identification the Universit | ed. Forgery, decep cards or documen y or its officials, ot | tive, misrepresentate ts and records below ther forms of dishor | ion and/or dishonest act nging to another, cheatin esty in University-relat | ENTATION. Forgery of names, signatures, docume to include, but are not limited to materials, misuse one, plagiarism or other forms of dishonesty. Lying, ed affairs is also prohibited. SANCTION : Restitution pension + Restitution (if required). | of University docume knowingly furnishing | ents, records, student g false information to | | | | | | | |
| | or's printed name | | ıdent's site supervi | sor, do certify that the above mentioned | | printed name) | | | | | | | |
| completed | the above liste | d hours and is r | ot a paid employee | e, consultant or work-study student at my | organization/age | ency. | | | | | | | |
| Site Supervisor's SignatureSi | | | Site | e Supervisor's Title | Date | | | | | | | | |
| Site Super | visor's Work E | mail | | Site Supervisor's Contact Number (no | cell numbers) | | | | | | | | |
| Student's Signature | | Date | Phone Number | | | | | | | | | | |
| Professor's | s Signature | | Date | | | | | | | | | | |