



## 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, visitors (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.

**April 21, 2017**

Student Name \_\_\_\_\_

J# \_\_\_\_\_

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

Instructor \_\_\_\_\_

Course \_\_\_\_\_

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

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

| Date | Time In | Time Out | Total Hours | Services Provided<br>(Details of the duties that were completed) | Supervisor's Initials<br>(Hours will not be credited if there are no initials) |
|------|---------|----------|-------------|--|--|
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|      |         |          |             |  |  |

**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 \_\_\_\_\_