



Service Learning Log-in Form

Jackson State University

601-979-1294 (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:** 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.**

Service Date: May 31, 2017- June 29, 2017

Forms Due: June 23, 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 <u>were completed</u>)	Supervisor's Initials (Hours will not be credited if there are no initials)
__/__/__	AM _____ PM _____	AM _____ PM _____			
__/__/__	AM _____ PM _____	AM _____ PM _____			
__/__/__	AM _____ PM _____	AM _____ PM _____			
__/__/__	AM _____ PM _____	AM _____ PM _____			
__/__/__	AM _____ PM _____	AM _____ PM _____			
__/__/__	AM _____ PM _____	AM _____ PM _____			
__/__/__	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 _____