



Center for Service and Community Engaged Learning

Summer 2016 Community Service Form

The Harden Center
Jacob L. Reddix Hall
Suite 110

601-979-1294 (phone)

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Service Dates: April 16, 2016 – August 26, 2016

Forms Due: Friday, August 26, 2016

Guidelines: Community service must be completed through a 501(c)3 non-profit organization, or a federal, state or local government agency. 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 pre-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 may not volunteer during a scheduled class time. Students volunteering at schools (elementary, middle, high), must obtain signature of the office manager or principal. In accordance with the schools 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 on the Harden Center's approved agency list must provide signature and initials as the supervisor on the community service form. Failure to obtain proper signatures, abide by the guidelines set forth or obtain site approval, before the submission of this community service form, will result in the rejection of hours.

Student Name _____

J-Number _____

Student Contact Number _____

Email Address _____

☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior

Course _____ Instructor _____

Location/Site Agency _____

☐ On-Campus Site/Project ☐ Off-Campus Site/Project

Was this service rendered with a campus organization? ☐ Yes ☐ No

If yes, what campus organization _____

Date <small>(only one date per line)</small>	Time In	Time Out	# of Hours	Services Provided <small>(please provide specific details of service rendered and fill out information completely on each line)</small>	Supervisor's Initials <small>(Hours will not be credited if there are no initials)</small>

Total Hours _____

2.70 FORGERY, DISHONESTY, FRAUDULENT ACTS, AND/OR MISREPRESENTATION. Forgery of names, signatures, documents (personal, public, and/or private) will not be tolerated. Forgery, deceptive acts, misrepresentation and/or dishonest acts include, but are not limited to materials, alteration, misuse of University documents, records, or student identification cards, or documents and records belonging to another, cheating, plagiarism, or other forms of academic dishonesty. Lying, knowingly furnishing false information to the University or its officials, other forms of dishonesty in University-related affairs is also prohibited. **SANCTION:** Restitution (if required) + Probation and/or Community Service; Suspension + Restitution (if required); Indefinite Suspension + Restitution (if required).

I, _____, the above student's site supervisor, do certify that the above mentioned student _____
(supervisors printed name) (students printed name)

completed the above listed hours and is not a paid employee, consultant or work-study student at my organization or agency. My signature below indicates that I have read and agree to abide by the guidelines of service set forth by the Harden Center for Service.

Site Supervisor's Signature _____

Site Supervisor's Title _____ Date _____

Site Supervisor's Work Email _____

Site Phone Number (no cell numbers) _____

Student Signature _____

Date _____



Student Liability Release Form and Agreement

In consideration of the opportunity to participate in community service or service-learning and the services rendered by the administrators, faculty, staff, agents and other representatives of Jackson State University, the undersigned hereby acknowledges and agrees as follows:

My participation in the program is purely voluntary. I expressly accept and assume all risks associated with my participation in the program. I acknowledge that activities conducted in the course of the program may entail know anticipated or anticipated risks which could result to me or third parties or damage to property. I also certify that I have no medical conditions which could interfere with my safety or the safety of others in connection with my participation in the program, and I hereby assume and agree to bear all the costs of all risks that may be created, directly or indirectly, by any such condition, whether or not disclosed to the University.

I understand that if this release is for services that are not essential, I have the choice not to sign release. However if I choose not to sign it, I cannot participate in the non-essential activity (or course). Non-essential activities include, but are not limited to, sport activities, diving, running, non-required coursework (and activities related to those courses) and exercising at health clubs.

If the release is for activities that are essential, I have other options available to me aside from the one that requires this release. If these other options are not immediately made known or available to me, I can ask the administrators, faculty, staff, agent or other representative over the activity (or required course) that requires this release about them. Potential other options include, but are not limited to, finding alternate forms of transportation rather than using the transportation provided by Jackson State University, purchasing insurance for personal property that I am worried may be damaged or stolen rather than holding Jackson State University employees responsible when it is not their responsibility, taking different courses that do not require this release rather than taking courses that do, or purchasing life insurance rather than holding Jackson State employees accountable when they are not accountable.

*****I HEREBY VOLUNTARILY RELEASE, IDEMNIFY, AND FOREVER DISCHARGE JACKSON STATE UNIVERSITY, AS WELL AS ALLCOMMUNITY PARTNER AGENCIES, THEIR EMPLOYEES , OFFICERS, AGENTS AND ASSIGNS, ON BEHALF OF MYSELF, MY CHILDREN, MY PARENTS, MY HEIRS, ASSIGNS, PERSON REPRESENTATIVES AND ESTATE FROM ANY AND ALL CLAIMS, DEMANDS OR CAUSES OF ACTIONS WHICH IN ANY WAY RELATE TO OR ARISE OUT OF MY PARTICIPATION IN COMMUNITY SERVICE AND SERVICE LEARNING ACTIVITIES OR MY USE OF THE UNIVERSITY'S EQUIPMENT OR FACILITIES, INCLUDING ANY SUCH CLAIMS ALLEGING NEGLIGENT ACTS OR OMISSIONS OF THE UNIVERSITY*****

I have read this Liability Release in its entirety. I understand it and agree to be bound by its terms during my time as a registered student at Jackson State University.

I, _____ (print name), acknowledge that I wish to participate in Community Service and Service Learning during my time as a student at Jackson State University. I fully release and discharge Jackson State University and it's employees, officers and agents from all liability in connection with my participation in this project.

Signature

J-Number

Date