



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 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 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.

Deadline date for 1st 8 week October 11, 2016

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 (Details of the duties that were completed)	Supervisor's Initials (Hours will not be credited if there are no initials)

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 _____