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 –April 15, 2016

Student Name_____ J#_____
Student Contact #_____ Instructor_____
Course_____ Location/Site Agency _____
Semester Fall_____ Spring_____ Summer_____ Fall Intersession _____ Spring Intersession_____

Date	**Time In**	**Time Out**	**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_____