

Mercy College Service Learning Project (SLP) Verification Form

Student Name:		Student ID #:	
Community Partner/So	rvice Recipient(s) Name and Contact:		
Brief Summary of Pro	posed Project(s) with Three Objectives Listed:		
<ul> <li>The service learning exp cleaning, etc. are discourage</li> <li>The supervisor cannot be</li> <li>Students may NOT:</li> <li>o Give injections as part of</li> <li>o Assist in holding/restraini</li> <li>o Dispense medications, part</li> <li>o Drive clients (due to autor</li> <li>* Does not include BSN stute</li> </ul> <b>PRIOR TO STUDENT</b>	the student, the following guidelines are necessary: berience should be meaningful and connected to the student d if there is no educational aspect to the project. e a relative, but rather should be the agency's equivalent of his project* ng a child who is receiving an injection * ticularly in a school setting* nobile liability concerns)	f a Volunteer Coordinator. ity Partner (CP) leader/repres	entative and are willing
BEFORE commencing se		ve. Instructor approvar or stuc	ient project is required
<b>CP Supervisor</b> (if applicable):		Date:	
Instructor Approval (required): Date		Date:	
Date of Service	Description of Service Completed (add rows as n	ecessary)	Hours (completed)

Date of Service	Description of S	Service Completed (add rows as necessary)	Hours (completed) e.g., 7-9 am
			c.g., 7-9 am
TOTAL HOURS:		APPROX # PEOPLE SERVED:	1

<b><u>POST</u> STUDENT SERVICE:</b> <u>Students</u> : Please sign below to verify your actual Service Hours. By signing below, you certify that you have completed the service learning project as described on this form. <u>Community Partner (CP) Representative/Supervisor</u> (if applicable), please sign below to verify this student's service hours. <u>Instructor</u> will sign after form is completed and submitted.				
Student Signature:	Date:			
CP Supervisor Signature (if applicable):	Date:			
Instructor Signature:	_ Date:			