

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:		
 The service learning exp cleaning, etc. are discourage The supervisor cannot be Students may NOT: o Give injections as part of o Assist in holding/restraini o Dispense medications, part o Drive clients (due to autor * Does not include BSN stute PRIOR TO STUDENT	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
CP Supervisor (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

<u>POST</u> STUDENT SERVICE: <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:			