Service-Learning Paperwork Guidelines

All Associate or Bachelor degree-seeking students are expected to participate in at least 15 hours of Service-Learning in order to graduate. Depending on a student's specific professional program requirements, these 15 hours will be completed through one or both of the following types of projects:

Type of Project	Description	Paperwork Required	Turning Paperwork In
Faculty-Facilitated Project A professional program-sponsored Service-Learning experience that is typically coordinated within a course (ex: SVL-285 & PHI/NSG–280)	Overseen by a faculty member (typically the course instructor) with all components of a Service-Learning experience (objectives, reflection, etc.) incorporated into the course. The faculty member approves the completed project for graduation credit.	• Summary Form	Faculty member that facilitated the project is responsible for turning in the paperwork.
Student-Initiated Project A student-planned and client-based service experience working with a community or faith-based organization	Students come up with their own Service-Learning project and complete all necessary paperwork. Students also ensure that all components of the Service-Learning experience are met (creates own objectives, finds need in the community to meet through Service Learning, writes reflection, etc.). Final approval of project is granted by the student's advisor.	• Proposal Form • Summary Form • Reflection Paper	The student is responsible for turning in the paperwork.

Descriptions of the necessary paperwork are detailed below.

Once completed, there are two processes to turning in Service Learning documentation, it may be submitted in person to the Admission & Student Services Office in the College Hill building (921 6th Ave) or via email to servicelearning@mercydesmoines.org

Breakdown of Paperwork to be Completed

Required for a Student-Initiated Project

Proposal Form
For Student-Initiated Service Learning Projects

Prior to beginning a service-learning project, students completing a Student-Initiated project must complete this form to plan what the project will entail and to gain advisor and supervisor approval. Objectives for the project must be clearly explained.

Student Information

Student Name: _____ Student ID #:_____

Agency Information

Agency & Supervisor Name: _____

Project Information

Brief Summary of Proposed Project:

Community need(s) the project will meet? _____

Objectives

List three personal objectives that you would like to meet through this service-learning experience on a separate sheet of paper. These objectives should illustrate why this experience will be beneficial for your health sciences education and should show measureable outcomes.

Advisor Approval

Advisor Signature: _____ Date: _____

Upon approval of the project, the student may carry out the project and retain this document to be referenced when writing their reflection. This form should be turned in upon completion of the service-learning project along with the student's completed Summary Form.

Community Partners: To protect your agency and the student, the following guidelines are necessary:
- The service-learning experience should be meaningful and connected to the student's career goals. Therefore, activities like filing paperwork, cleaning, etc. are discouraged if there is no educational aspect to the project.
- The supervisor cannot be a relative, but rather should be the agency's equivalent of a Volunteer Coordinator.
- Students may NOT:
  - Give injections as part of this project*
  - Assist in holding/restraining a child who is receiving an injection *
  - Dispense medications, particularly in a school setting*
  - Drive clients (due to automobile liability concerns)   * Does not include BSN students.

Supervisor Approval

Please sign below if you are willing to serve as a supervisor for this project and follow the guidelines outlined above.

Supervisor Signature _____ Date: _____

If you have questions or concerns about a Mercy College of Health Sciences student volunteer, please do not hesitate to contact the Student Affairs office (515-643-6715) and ask to speak to the Service-Learning staff. Thank you for your willingness to be a supervisor for this service-learning project!

Proposal Form

Required to be filled out and signed PRIOR TO BEGINNING SERVICE for a Student-Initiated project. This form ensures that the Service-Learning hours performed by the student have been deemed appropriate by the student's advisor to satisfy learning objectives during service and ensures the supervising agency is not allowing students to perform forbidden tasks (Giving injections*, assisting to hold/restrain a child who is receiving an injection*, dispensing medications*, or driving clients). This protects both MCHS and the agency from liability concerns. (* excludes BSN students)

Information required:

Agency and supervisor name—you will have had to have spoken to someone at your site who has agreed to supervise your service.

Project information—this includes a summary of the project, the proposed date of service, and at least three personal objectives related to your program or future career.

Signatures required: Student's Advisor and a Site Supervisor (*This is someone at your service site, NOT an advisor or instructor at MCHS*).

Required For All Service-Learning Projects

MERCY COLLEGE OF HEALTH SCIENCES
Des Moines, Iowa

Summary Form
For Both Faculty-Facilitated & Student-Initiated Service Learning Projects

Upon completion of a Service-Learning experience, this form should be completed for student graduation requirement purposes. The form should be completed for each separate activity (for example, if you complete 6 service-learning hours at Agency A and 9 hours at Agency B, you should complete two Project Summary Forms and turn them in upon completion of each project).

Completed by Student

Student Information:
Student Name: _____ Student ID #: _____

☐ See attachment (skip to Agency Info.)   *7-Digit Number - can be found on your MyMercy Account*

Program: _____ Expected Graduation Term: _____

Agency Information:
Agency Name: _____

Agency Supervisor: _____

Project Information:
Type of Project? (Check one)   ☐ *Student-Initiated*   ☐ *Faculty-Facilitated within a Course/Program*

Brief Summary of Project:

Total Hours Completed: _____   Approximate People Served: _____

Community Needs Met (Check one): ☐ Housing/Homeless   ☐ Health   ☐ Immigrants/Global Issues   ☐ Hunger
☐ Senior/Elder Services   ☐ Poverty   ☐ Women's Issues   ☐ Other

Hours Log:

Students my attach a separate Hours Log sheet for longer projects (located on mchs.edu)

Date	Time	Activity	Supervisor's Initials

By signing below, I verify that I have completed the service-learning project as described on this form.

Student Signature: _____ **Date:** _____

Completed by Advisor (Student-Initiated) or Instructor (Faculty-Facilitated)

Project Approval:
All service-learning hours or projects *must* be approved by the advisor (for Student-Initiated projects) or the instructor (for Faculty-Facilitated projects) for the service-learning hours to apply toward graduation requirements.

By signing below, I verify that this student completed the service-learning project described on this form.

Advisor/Instructor Name (Printed): _____

Advisor/Instructor Signature: _____ **Date:** _____

Summary Form

Required to be filled out and signed AFTER COMPLETING SERVICE for both Student-Initiated and Faculty-Facilitated projects. This form is a brief summary of the service performed which may or may not match a student's Proposal Form. This form should be filled out as accurately and honestly as possible, even if you didn't accomplish the goals set prior to the project.

Information required:

Student information—this information ensures service hours are logged in the appropriate student transcript.

Project information—a brief recap of the service(s) performed and demographic information for reporting purposes.

Hours Log – date and time periods of service performed and a brief description of service activities.

Signatures required: Student and Student's Advisor (or an Instructor for a Faculty-Facilitated project).

Hours Log (optional)

If a project takes many days or additional lines are needed to log all hours, an Hours Log will provide extra space.

Information required: Date and time periods of service performed and a brief description of service activities. These are validated by the site supervisor or instructor signature.

MERCY COLLEGE OF HEALTH SCIENCES
Des Moines, Iowa

Hours Log Sheet
Service Learning Project

Student Name: _____ Program: _____

Total Hours Completed (1-hour increments): _____ Total People Served (Approx.): _____

Agency Name: _____ Supervisor Name: _____

Date	Time In	Time Out	Activities	Supervisor Signature

Reflection Paper

Required for all Student-Initiated service projects. The paper should be a <u>minimum of 500 words and must be typed</u>. This is an opportunity to evaluate your Service-Learning experience and how your service affected you and helped achieve learning objectives. It should NOT just be a summary of what you did, and should include critical reflection. **To maintain confidentiality, any client mentioned must be given a pseudonym and students should never reveal personal details of clients they worked with**.

The following topics must be discussed in your paper:

•   Did you meet the objectives you set out to attain (on Proposal Form)? Why or why not?
•   How will your service experience assist you in your future career?
•   In what ways did your Service Learning experience connect to the Mercy Core Values?
•   The following questions may help you to further evaluate your experience (but are not required).
•   What viewpoints or ideas that you held were challenged by your service experience?
•   What was difficult about the experience? What was surprising?
•   What are some of the challenges faced by the person(s) you worked with?