

Proposal FormFor 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 Na	ame:	
Project Information		
Brief Summary of Propo	sed Project:	
Community need(s) the p	project will meet?	
Community need(s) the p	- Stoject will intect.	
OL: -4:		
Objectives		
List three personal objectives that you would like to meet through this service-learning experience. These objectives should illustrate why this experience will be beneficial for your health sciences education and show measurable outcomes.		
Objective #1		
Objective #2		
Objective #3		

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 The service-learning experience should be meani	student, the following guidelines are necessary: ingful and connected to the student's career goals. Therefore,		

- 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:
 - o Give injections as part of this project*
 - o Assist in holding/restraining a child who is receiving an injection *
 - o Dispense medications, particularly in a school setting*
 - o 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	v 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!		