St. Elizabeth School of Nursing-University of Saint Francis

Cooperative Nursing Program

COMMUNITY SERVICE LEARNING FORM

TERM: Fall Spring Summer (please circle which term)

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

Community Service hours to be completed at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date(s) and Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Agency Contact Person (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Activities to be performed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe the benefit the provision of these community service hours will have for the recipient (community/individual). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe the benefit the provision of these community service hours will have for you (student) personally and professionally. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The information below is to be completed by the agency representative:**

Agency Verification of Student Attendance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Title

Date(s) of service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of service hours student volunteer completed: \_\_\_\_\_\_\_\_

**SERVICE-LEARNING REQUIREMENT**

Each student will be required to document participating in 6 hours of service learning (volunteer) activities per regular academic semester (Fall and Spring). Service learning will be defined as “the giving of one’s time, energy, talent and skills for the mutual benefit of those involved. It means to assist others and advance the interests of the larger community as well as the personal and/or professional growth of the student”. (Cleary, et. al., 1998) Failure to meet the service-learning requirement will result in corrective action.

Documentation of volunteer activities must be submitted to the Nursing Program’s Business office by week 14 of each semester. Forms will be available near the Student Mailboxes at the St. Elizabeth School of Nursing. The forms must be submitted with the signature of the person “in charge” at the site of the service-learning activity. Hours may be completed in a single session or as a series of multiple activities. No activity related to coursework of any kind may be used as a part of the service-learning hours (including activities during assigned community clinical experiences).

 It is preferred that service-learning activities have a healthcare focus. Activities may include but are not limited to participation in vaccination clinics, BP screening, “Heart walk”, “Relay for Life”, etc. If there is a question about whether the activities meet the criteria for service learning, the student should review the previously accepted service learning activities listed below; or consult with the Chairs of the Academic Departments of Practice.

**Previously approved Service-Learning Activities**

|  |  |
| --- | --- |
| * Blood Pressure Screening
* Vaccination Clinics
* Assist with mealtime/feedings in ECF
* Prepare materials for STESON
* Tutor Lafayette Reading Academy
* Volunteer at Lafayette Urban Ministry, Food Pantry, Salvation Army, LTHC, etc.
 | * Flu Shot Clinics
* Glucose screenings
* Health Fairs
* Participate in activity therapy in ECF
* Assist with screening activities in schools
* First Aid Support at community events
* Participate in parish nursing activities
 |

Service-learning activities within the Nursing Program for purpose of assisting peers, or the broader community through Nursing Program sponsored activities will be considered as meeting the requirements of Service Learning. Such activities may include but are not necessarily limited to: participating and attending Nursing Program committee meetings, Honor Council, Recruitment/Information sessions (i.e. high school visits, college fairs, and Information days), student orientation, tutoring of other students, etc.

It is a general practice that Service-Learning hours completed in excess of the semester requirement may not be “carried over” for credit in another semester. However, due to the nature and timing of some activities, some qualified Service-Learning hours may be applied to “future” Service-Learning semester requirements. **No more than 6 additional service-learning hours may be carried over (“banked”) into the next semester**. If there is a question, contact one of the Chairs of the Academic Departments of Practice for clarification.

**Each regular academic semester, Students not meeting the service-learning requirements will receive the initiation of corrective action - or next step continuance of corrective action if a corrective action plan is already in place for the student in question.**