

# JHS Community Service Notes

Fall 2024 - Spring 2025, Edition 1 (04/26/24) | Current edition: [siue.edu/diversity/soar/johnetta-haley-scholarship](https://siue.edu/diversity/soar/johnetta-haley-scholarship)

Use this page to record information about your service. Report your hours on the Get Involved website within **2 weeks** of the experience start date.

See the [JHS Student Guide](#) for current reporting instructions: [siue.edu/diversity/soar/johnetta-haley-scholarship](https://siue.edu/diversity/soar/johnetta-haley-scholarship)

If you do not know the answer to any of the questions below, find the information before reporting the experience. Failure to provide complete and accurate information may cause a delay or denial of final approval.

## DO NOT INCLUDE IN TOTAL HOURS:

- Time spent organizing/planning/promoting an organization or event (including attending meetings and recruiting volunteers)
- Time spent preparing, training, or practicing for service
- Time spent traveling to or returning from a service location, meal breaks or other break times, "off-duty" or "on-call" time
- Time spent finding, scheduling, or reporting experiences or gathering needed information for reports

## Experience Name: \_\_\_\_\_

What is the OFFICIAL name of the event at which you will work/worked? If it is/was not a specific event, please create an experience name based on your volunteer title or the specific work you will do/did. Do not use abbreviations.

1. Is this a pre-qualified experience listed in a recent issue of this semester's [JHS Newsletter](#) or in the current [JHS Community Service Experiences Catalog](#)?  Yes (Skip question #2.)  No

2. Is this an excluded experience? See the [JHS Student Guide](#).  No  Yes (STOP - This experience is not qualified.)

## 3. Responsible Organization Name: \_\_\_\_\_

What is the OFFICIAL name (do not use abbreviations) of the organization that is/was in control and in charge of, and ultimately responsible for this experience? If you will go/went with a secondary group (such as a student organization, fraternity/sorority, church group, etc.), to participate in an experience for which a different organization is responsible, provide the name of the responsible organization above (not your secondary group). Please record the official name of the secondary group here (if any): \_\_\_\_\_

## 4. Responsible Organization Type: What category best describes the responsible organization named above?

- Non-profit/not-for-profit organization  SIUE department or organization  Civic or government entity  
 Hospital, long-term residential care facility/nursing home, rehabilitation center, hospice, or home healthcare company  
 Public school or public library  None of these (STOP - This experience is not qualified.)

## 5. Objective: Which objective best describes the work you'll do/did? See the [JHS Student Guide](#) for definitions and examples.

- Basic Human Need Objective  Educational Objective  Both objectives  Neither (STOP - This experience is not qualified.)

## 6. Experience Start Date: \_\_\_\_\_

## 7. End Date: \_\_\_\_\_

## 8. Total Hours for This Time Period: \_\_\_\_\_

Work performed/reported May 4 - December 2, 2024 will be applied to Fall 2024. Approved hours in excess of 12 will roll over to Spring 2025.  
Work performed/reported December 14, 2024 - April 21, 2025 will be applied to Spring 2025. Excess hours will NOT roll over to Fall 2025.

## 9. URL(s): \_\_\_\_\_

Please provide website address(es) (URLs) where we can find more information about the responsible organization and this experience.

## 10. Service Location: \_\_\_\_\_

Please list as much information as you can find regarding the location name, street address, city, state, and zip code of the experience work location.

## 11. Work tasks completed as part of this experience: \_\_\_\_\_

If you will be participating in similar experiences, note important differences here, such as specific class section(s) and date(s) for SIUE ACCESS note-taking, or names of those to whom you wrote letters for letter-writing, etc.

## 12. Population(s) helped by this experience: \_\_\_\_\_

A population is a group of people with one or more things in common, such as age range, race/ethnicity, sex, gender identity, income level, home location/homelessness, etc.

## 13. Qualified Supervisor Name (Not a family member): \_\_\_\_\_

This person should be able to verify your hours for this experience and should be associated in an official capacity with the responsible organization or secondary group named above.

## 14. Responsible Organization **OR** Secondary Group

## 15. Supervisor's Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

## 16. Supervisor's Job/Volunteer Title (Not Mr., Ms./Mrs./Miss, Dr., or Boss): \_\_\_\_\_

## 17. Supervisor's Email Address: \_\_\_\_\_

Date Report Submitted on Get Involved:

Approved or Denied?

# Approved Hours: