Service Learning Checklist

Student Name:__________________________________________ Hours completed for: POP 1, POP 2, POP 3, POP 4 (circle one)

Organization with which activity was completed:________________________________________

Type of organization:_________________ Name of responsible individual:_____________________

Site Address:____________________________________________ City:________________ State:______

Phone #:________________________________________ email:________________________________

Signature of responsible individual:________________________________________ # of hours completed:_________

Date Completed________________________

Briefly describe the activity completed:


To be classified as service learning the activity must:

☐ Benefit multiple individuals
☐ Be performed under the direction of an organization/non-profit entity

The activity must also fulfill at least three (3) of the elements listed below:

☐ Meet a community need
☐ Establish or enhance a relationship between the community and ONU
☐ Foster civic responsibility and a sense of caring for others
☐ Develop a sense of professional responsibility
☐ Apply knowledge learned in a classroom setting
☐ Interact with a diverse group of individuals
☐ Interact with other health care professionals

In the box below briefly justify your selection:


Initial here to indicate that you have also entered these hours online at: www.onuippes.org

Revised 5/2011