SUNO

Student Development Center/Community Service

Southern University at New Orleans

Student Application Form

Student Information

Date:	Student ID#	Current Classifications
Name:		
Address:		
City:	State:	Zip:
Email:		Phone:
	Organizational Info	ormation
Name of Organization(s): _		
Address:		
City:	State:	Zip:
Coordinator:		
Title:	-	
Phone:		Fax:
Email:		
Student's start date:		Date:
Signature:		Date:
_		will hold myself to the ethical and professional nd those of the partnering organization.
Student's Signature		Date
Sheridan X. Cooper, CS Coo	ordinator	

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Community Service Pre-Survey

Date C	Completed:						
Please	e indicate your major:						
on you	ctions: Please fill out this survey as accurately ur current beliefs toward the particular issues ponding numbers.	• •			-	_	-
	4 = Strongly Agree 3 = Agree	2 = Disagree	1 = Strongly Disagree				
1.	I have a good understanding of the needs an	nd problems facing the c	community in which I live.	1	2	3	4
2.	Many of our society's problems could be solv	ved if everyone worked	together.	1	2	3	4
3.	I have a responsibility to serve my communit	ty.		1	2	3	4
4.	I learned course content best when I see a di	irect connection to real	-life situations.	1	2	3	4
5.	Combining coursework and community servi	ice should be practiced	in more courses at SUNO.	1	2	3	4
6.	I have a clear understanding of volunteerism	1.		1	2	3	4
7.	I intend to continue to volunteer (here or els	sewhere) after this assig	nment is completed.	1	2	3	4
This is	my first Community Service experience at SU	JNO. (Circle one) Yes	s NO				
What i	is your understanding of the need to complet	e community service h	ours as a requirement for g	gradı	uatio	on?	
Where	e do you intend to complete your service lear	ning hours and why? _					

Southern University at New Orleans

Community Service Student Time Sheet

Southern University at New Orleans requires that each student completes a minimum of sixty (60) hours of service within his or her community. Students must also participate in orientation, celebration event and group reflections. To allow students to keep an accurate and complete record of their service, you are required to submit a student time sheet. Please have your agency supervisor sign each time you complete service hours.

Zip:	
Pate:	
Pate:	
Pate:	
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Volunteer Reflection Form

Date:
Name:
Email:
Post Graduate Intentions: (Circle One) Masters Doctorate
Please describe in a paragraph of no more than five (5) sentences the work that you performed as a volunteer (if additional space is required please attach an additional sheet):
Was this a group or an individual project: Group Individual If this was a group project, how many participated?
Please indicate how many hours of volunteer work you performed:
Did you find the work satisfying/enjoyable: Yes No
Do you have any suggestion(s) for improving the Volunteer Experience? If additional space is required please attached an additional sheet.
What did you find to be the most impactful or meaningful part of the program? The most rewarding?
Additional comments: