Students who have not attended the required number of Chapels during a semester may receive attendance credit by serving in the community with an approved organization. A list of approved organizations is available on BlazeNet and in the Office of Student Leadership. Each service session of 2 hours equals one (1) Chapel attendance requirement. The guidelines for community service are as follows:

1) **Two** hours of approved community service fulfills one Chapel attendance credit.
2) Community service **must** take place with an approved organization (list is available in the Office of Student Leadership).
3) Community service **must** be properly documented with a report form.
4) Community service is not granted for experiences such as mission trips, academic internships, employment, summer camp staffing and spring break projects.

Students are strongly encouraged to complete and submit the community service requirements prior to final exams, to be recorded on the current semester's grade report. All community service forms must be submitted to the Director of Student Leadership. This process must be followed to have a “U” in Chapel changed to a “S.”

### Approved Community Service Organizations

<table>
<thead>
<tr>
<th>Organization</th>
<th>Contact Person</th>
<th>Address</th>
<th>Phone Number</th>
<th>Type of Work</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belhaven Nursing Home</td>
<td>Sherita Louis</td>
<td>1004 North St. Jackson, MS 39202</td>
<td>601.355.0763</td>
<td>Interacting with residents</td>
<td>N/A</td>
</tr>
<tr>
<td>Center for Pregnancy Choices</td>
<td>Jay Tea Leggett</td>
<td>114 Office Park Plaza Jackson, MS 39206</td>
<td>601. 713.3113</td>
<td>Miscellaneous</td>
<td><a href="mailto:hereishope@comcast.net">hereishope@comcast.net</a></td>
</tr>
<tr>
<td>Greenwood Cemetery</td>
<td>Cecil Wardlow</td>
<td>701 N. West St. Jackson, MS 39202</td>
<td>N/A</td>
<td>Miscellaneous</td>
<td><a href="mailto:greenwoodcemeteryjackson@gmail.com">greenwoodcemeteryjackson@gmail.com</a></td>
</tr>
<tr>
<td>Habitat for Humanity</td>
<td>Toy Gathings</td>
<td>Various locations</td>
<td>601.353.6060</td>
<td>Construction Miscellaneous</td>
<td><a href="mailto:tgathings@habitatjackson.org">tgathings@habitatjackson.org</a></td>
</tr>
<tr>
<td>His Heart</td>
<td>Linda Smith</td>
<td>Calvary Baptist Church 1300 W. Capitol St. Jackson, MS 39203</td>
<td>601. 354.1300 ext.328</td>
<td>Tutoring Bible club Miscellaneous</td>
<td><a href="mailto:hisheartforjacksonms@gmail.com">hisheartforjacksonms@gmail.com</a></td>
</tr>
<tr>
<td>Jackson Inner-city Gardeners</td>
<td>Tre Roberts</td>
<td>3290 W. Northside Dr. Jackson, MS 39213</td>
<td>225.287.3159</td>
<td>Gardening projects</td>
<td><a href="mailto:Tre.roberts@jiggarden.org">Tre.roberts@jiggarden.org</a></td>
</tr>
</tbody>
</table>
Service locations on campus are available and must be approved by the Director of Student Leadership. Requests may be submitted electronically by emailing chapel@belhaven.edu.

Additional service locations may be added prior to each semester and will be updated at that time.
The verification form must be completed and returned to the Office of Student Leadership after completion of community service.

TO BE COMPLETED BY THE STUDENT (please print):

Name: ________________________________ ID Number: ________________________________

Email: _____________________________@students.belhaven.edu Phone: ________________________________

Classification: ________________________________ Semester to be applied: ________________________________

Graduating Senior: Yes No

Name of Organization: ________________________________ Hours Served: ________________________________

Briefly describe your experience serving in the community. How was this time helpful in broadening your understanding of the Christian faith, the mission of the College and a life of service?

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

By submitting this form for approval I place on record that the hours served are accurate and all information included is accurate.

_________________________________________    ___________________________________________
SIGNATURE         DATE

TO BE COMPLETED BY COMMUNITY SERVICE SUPERVISOR:

_________________________________________ served _____ hours of community service.

STUDENT’S NAME

_________________________________________    ___________________________________________
SIGNATURE        TITLE    DATE

OFFICE USE ONLY

RECEIVED: ___________________________________________    ___________________________________________
SIGNATURE         DATE

APPROVAL: ___________________________________________    ___________________________________________
SIGNATURE         DATE

RECORDED: ___________________________________________    ___________________________________________
SIGNATURE         DATE