



# HOSA NATIONAL SERVICE PROJECT

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## Autism Speaks

**Purpose:** To encourage Health Science students to provide community service through the adoption of goals and implementation of strategies related to the support of a national health care organization.

**Description:** The HOSA National Service Project involves the sponsorship of a national healthcare organization by local HOSA chapters. Local chapters plan service projects to support the selected organization. Chapters document their involvement and submit documentation to their state advisor by the state deadline to be eligible for national recognition.

**2008-2010 Service Organization: Autism Speaks** <http://www.autismspeaks.org/>

### Rules and

- Procedures:**
1. The chapter will conduct a meeting or correspond with local/state representatives of the selected organization. An advisory committee consisting of chapter members, chapter advisor(s), a school administrator and organizational representative(s) will be established. One chapter member should serve as the Service Project Chairman.
  2. A plan with goals and strategies must be developed to guide the HOSA chapter's involvement with the selected organization.
  3. **Process for donations to Autism Speaks:** Chapters should mail their donation to Autism Speaks to the address below. Upon receiving the donation at Autism Speaks, it will be entered into the system and an acknowledgement for the donation will be mailed to an address the HOSA chapter provides. All donation checks should include a letter stating the name of the HOSA chapter, school name, complete address, contact person's name, and a phone number. This will ensure the donation is entered properly and the receipt letter is mailed. Mail all donations to:  
  
Autism Speaks  
Attn: Donation Process- HOSA  
1060 State Rd. 2<sup>nd</sup> Floor  
Princeton, NJ 08540
  4. Chapters should carefully follow the donation process described in these guidelines and in the project application and report forms, and keep copies of all documentation regarding this service project. The two step process includes receiving confirmation of a monetary donation to Autism Speaks, AND THEN, submitting the National Service Project application to the state association by the published deadline.
  5. State Advisors will communicate state-level deadlines and awards.
  6. At the national level, Certificates of Recognition will be awarded to all chapters who contribute a minimum of \$100 and/or 100 hours of community service in partnership with the organization.
  7. At the national level, Certificates of Merit will be awarded to all chapters who contribute a minimum of \$500 and/or 500 hours of community service in partnership with the organization.

8. Volunteer hours will be tabulated at the state-level and calculated by multiplying the number of hours of service by the number of HOSA members involved in each service activity.
9. Other outstanding service awards may be presented by the selected organization in recognition for outstanding contributions by individual chapters. State outstanding service awards, if available, will be announced by the respective state advisor.
10. For national recognition, this event may include activities from the last day of the National Leadership Conference until the deadline established by the State Advisor, which is prior to May 15 of the HOSA year.

NOTE: Chapters who wish to participate in a Walk for Autism Research that occurs after May 15 must collect donations for the walk and turn them in by the state-published deadline, and then participate in the walk as scheduled.

11. Documentation of National Service Project awards must be mailed by the State Advisor and **received in the National HOSA office by May 15** for recognition at the HOSA National Leadership Conference.
12. STATE SUBMISSION FORMAT: The project applications MUST include the cover page contained in these event guidelines (page 3) AND an attached one (1) page Report Form (page 4) **for each selected service/fundraising project** with specific supportive information. The pages should be stapled together with the Project Application page on top. DO NOT include additional pictures. Do not place in a notebook or folder or use page protectors or other enhancements. Incomplete applications will NOT be accepted.
13. Information submitted will become the property of National HOSA. Permission is given to National HOSA to share project ideas with healthcare organizations and in HOSA publications.
14. **National Service Project selection process:** The National HOSA Executive Council will nominate three organizations during the business session of the National Leadership Conference for the voting delegates to select the one organization they would like National HOSA to sponsor. An organization is selected for two years with a maximum of a two-term limit providing four consecutive years maximum. If the service project is done for a two-term limit, it can be reconsidered after another service project has been done by the organization.

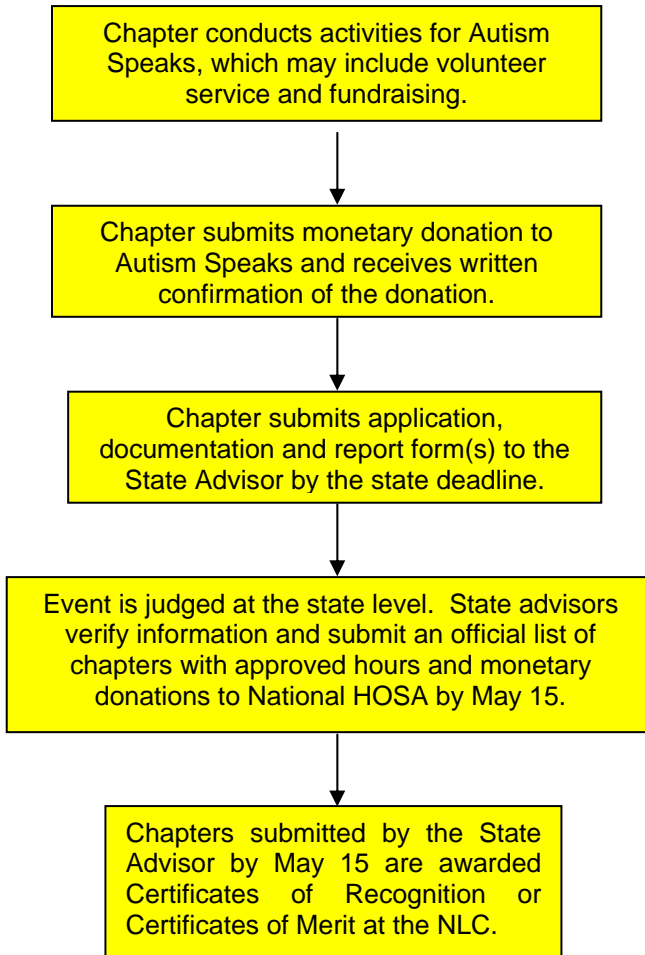
#### **Required Personnel (Per level)**

1. Committee established by the state HOSA association that may include representatives from the involved healthcare organization, to review applications and determine fulfillment of criteria for recognition.

#### **Facilities, Equipment and Materials**

1. Certificates of Recognition and Merit

## Event Flow Chart



*This form is the cover page for the Service Project application and serves as a summary of chapter activities. All information on this page must be complete and accurate.*

## **HOSA NATIONAL SERVICE PROJECT APPLICATION Autism Speaks**

School \_\_\_\_\_ State Association \_\_\_\_\_  
Address \_\_\_\_\_  
Advisor \_\_\_\_\_ School phone \_\_\_\_\_  
Project Chairman \_\_\_\_\_ E-mail \_\_\_\_\_

*Additional Members of Chapter Advisory Committee:*

Autism Speaks Contact – Name \_\_\_\_\_  
Address \_\_\_\_\_ E-mail \_\_\_\_\_  
School Administrator – Name and E-mail \_\_\_\_\_  
Additional Members (include Name, position, and E-mail address)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Chapter Membership \_\_\_\_\_ Level: \_\_\_\_\_ Secondary \_\_\_\_\_ PS/C

\* Total chapter hours of volunteer service (Non-fund raising) \_\_\_\_\_  
\* Total dollars donated to organization from independent chapter projects and participation in a Walk for Autism Research \$ \_\_\_\_\_

*We verify that the information contained in this report is complete and accurate.*

_____ Service Project Chairman	_____ Date
_____ Chapter Advisor	_____ Date
_____ State Advisor	_____ Date

**This application must include the following attachments:**

- A separate Report Form **for each activity** conducted with or for Autism Speaks must be attached.



## HOSA – Autism Speaks National Service Project Report Form

*A separate report must be filed and properly signed for every activity conducted as part of the HOSA National Service Project. Chapters must assure that money donated to Autism Speaks on behalf of a HOSA chapter is properly credited to that HOSA chapter.*

HOSA Chapter \_\_\_\_\_

Project Chairman \_\_\_\_\_ Chapter Advisor \_\_\_\_\_

<b>Event Type</b>	<input type="checkbox"/>	Volunteer service (Non-fund raising)	Total Hours _____
	<input type="checkbox"/>	Fundraising – Independent Chapter Project	Total \$ _____
	<input type="checkbox"/>	Walk for Autism Research	Total \$ _____

Event Title \_\_\_\_\_ Date(s) \_\_\_\_\_

Event Town \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

**Event Description:** (Use the reverse of this form if necessary. Verification of the event MUST be attached and MUST include a letter or receipt from Autism Speaks acknowledging the donation and documentation of volunteer service.)

*I verify that the event or hours/donation included in this report are an accurate reflection of this HOSA chapter's service to Autism Speaks.*

\_\_\_\_\_  
Chapter Advisor

\_\_\_\_\_  
Date