



# HOSA NATIONAL SERVICE PROJECT

## Juvenile Diabetes Research Foundation

**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.

**2010-2012 Service Organization: Juvenile Diabetes Research Foundation** <http://www.jdrf.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 the Juvenile Diabetes Research Foundation:** All donations should be sent to your local JDRF office. To find your local JDRF Chapter, go to [www.jdrf.org](http://www.jdrf.org) and click on locations or call 888-533-WALK to be directed to your local JDRF office. Include your Charter # and School Name to ensure that your donation is properly accounted for. JDRF will automatically send a receipt for any donations of \$250 or more. If you need additional documentation, please include your email address and request.  
  
JDRF is an accredited 501(c)(3) nonprofit agency; all donations (including membership donations) are tax deductible.
  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 the Juvenile Diabetes Research Foundation, 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. Recognition for this event may include listing in the NLC convention program, listing on HOSA's website, a recognition pin, and other recognition as listed in these event guidelines. Gold, silver and bronze medals are not awarded for this and other recognition events at the national level.
9. 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.
10. 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.
11. 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.
12. 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.
13. 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.
14. Separate state-level fundraising and donations will be recognized in a manner similar to the chapter recognition process.
15. 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.
16. **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.

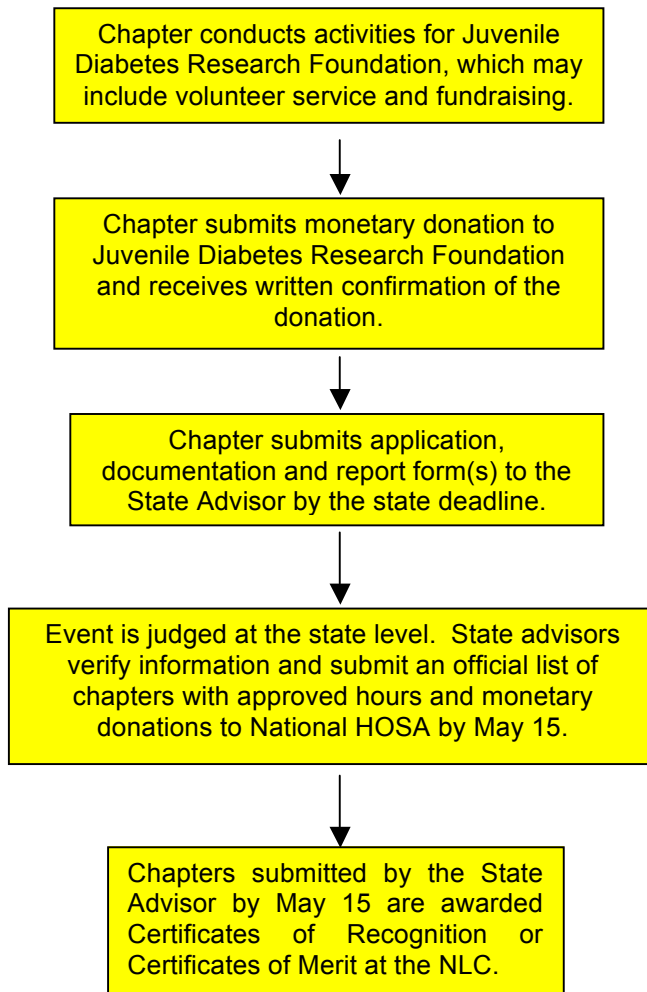
**Required Personnel (Per level)**

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

### Juvenile Diabetes Research Foundation

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

*Additional Members of Chapter Advisory Committee:*

JDRF 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 organizational participation \$ \_\_\_\_\_

*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 the Juvenile Diabetes Research Foundation must be attached.



# Juvenile Diabetes Research Foundation 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 the Juvenile Diabetes Research Foundation on behalf of a HOSA chapter is properly credited to that HOSA chapter.*

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

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

**Event Type**     Volunteer service (Non-fundraising)    Total Hours \_\_\_\_\_  
                    Fundraising – Independent Chapter Project    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 Juvenile Diabetes Research Foundation 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 the Juvenile Diabetes Research Foundation.*

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

\_\_\_\_\_  
Date