

# Table of Contents

## **NATIONAL SERVICE PROJECT**

Autism Speaks

HOSA National Service Project – *New Application and Requirements*

## **SPIRIT OF SERVICE LEARNING AWARD**

Event Guidelines ..... 33

Application..... 35

## **SPECIAL RECOGNITION**

Special Recognition Award Nominations..... 100

Special Recognition Award Nomination Form ..... 101

## **BARBARA JAMES SERVICE AWARD**

Barbara James Service Award – *New Application and Requirements*

**NATIONAL**

**SERVICE**

**PROJECT**



During the 2006 National Leadership Conference in Anaheim California, Autism Speaks was chosen as HOSA's National Service Project for the next two years.

To find out more about Autism check out their website: [www.autismspeaks.org](http://www.autismspeaks.org).

To participate and register for events sponsored by HOSA and Autism Speaks, please go to the National HOSA website: [www.hosa.org](http://www.hosa.org).

To be recognized for your chapter activities for the National Service Project, check out the rules and print the award application from the National HOSA website, *HOSA Handbook Section B: Competitive Event Guidelines*.

# Spirit of *Service-Learning*

## AWARD

Students in HOSA are involved in and recognized for a variety of community service activities through the Barbara James Service Award. Oregon HOSA wants to take community service a step farther and recognize students who are involved in ***SERVICE-LEARNING*** activities.

When students are given the opportunity to participate in service activities that are integrated into the curriculum, meet a genuine need in the community and also have the opportunity to reflect on their experience, ***SERVICE-LEARNING*** becomes a powerful tool for connecting students and their communities.

### ***SERVICE-LEARNING:***

- Students are encouraged to take the lead in responding to genuine needs in their school or community.
- Teachers facilitate a service experience that relates the academic subject to community life.
- Service opportunities are accompanied by regular opportunities to reflect upon the meaning and significance of their service.
- Service-learning is built on partnerships within the school or between the school and community.

# Spirit of Service-Learning Award

*This project is supported with funds from the Learn and Serve program of the Corporation for National and Community Service.*

**Purpose:** To encourage Health Science students to become contributing members of their communities.

**Description:** The Spirit of Service-Learning Award promotes opportunities for connecting students to their schools and communities through curriculum based service activities with opportunities to reflect upon the significance of their service.

**Rules and Procedures:**

1. Participants in this event must be active members of HOSA in good standing in the category in which they are registered to compete (Secondary or Postsecondary/Collegiate).
2. Applications for this award must be properly filled out and received by Oregon HOSA by the March 15 deadline. The application will reflect the HOSA member's Service-Learning activity in her or his community. The application will also reflect community partnership and involvement and a reflection on their service experience.
3. The application will not be judged against other applications. HOSA members who identify an approved Service-Learning experience that serves the community will receive recognition for their contribution.
4. A committee will review the application for meeting the standards set forth in these guidelines. Applications that are incomplete, unsigned or do not meet the requirements will not be considered for this award.
5. The committee will evaluate:
  - clarity of goals and members' ability to identify needs related to the project
  - project creativity, resourcefulness, results achieved and evaluation/reflection process
  - school/community involvement and partnerships
6. Service-Learning Projects must be carried out between March 1, 2008 and February 28, 2009.





***HOSA  
SPIRIT OF SERVICE-LEARNING***

**Award Application**

*This project is supported with funds from the Learn and Serve program of the Corporation for National and Community Service.*

Chapter Name \_\_\_\_\_ School Phone \_\_\_\_\_

Advisor Name \_\_\_\_\_ Advisor Email \_\_\_\_\_

Number of affiliated Chapter members \_\_\_\_\_

Number of Chapter members participating in this Service-Learning project \_\_\_\_\_

Chapter representative \_\_\_\_\_

Project title \_\_\_\_\_

- Briefly summarize your project and accomplishments in the space below.
- Entries must be typed (except signature) on the application form.
- The amount of space used to answer each question must match the space on this original application.
- The only acceptable attachments are 8.5" x 11" sheets to which newspaper clippings and project photos have been attached. Attachments will not be considered in the evaluation process.

I. Needs, Goals

- A. Describe the community need(s) your Service-Learning project was designed to address. (Why did you choose this project?)
- B. List your project's goal. (What results did you want to achieve?)

II. Activities, Resources

A. Briefly summarize your major activities and time schedule in carrying out this project.

Be sure to include the number of chapter members involved and the number of community members involved.

B. List collaborations with other community groups and school organizations.

III. Describe the evaluation process you used to reflect upon the meaning and significance of this project.

IV. State Learning Standards/Competencies

A. What state learning standards and/or competencies were addressed/met through this service activity?

B. How did this service activity relate to classroom learning? How did I receive academic credit for this work? (used as my senior project, speeches, presentations)

Advisor Signature \_\_\_\_\_

DEADLINE April 1

Chapter President's  
Signature \_\_\_\_\_

Submit to: Oregon HOSA  
2611 Pringle Rd. SE  
Salem OR 97302  
**NEW FAX: 503-540-4493**



**LEARN AND SERVE** Organization for  
**NATIONAL & COMMUNITY SERVICE** **E**

## **OREGON HOSA SPECIAL RECOGNITION AWARD NOMINATIONS**

The highest honor that can be bestowed upon an individual or a company in service to Oregon HOSA is to receive special recognition at the annual State Leadership Conference.

Oregon HOSA offers three types of special recognition:

- I. Honorary Life Membership of Oregon HOSA
- II. Oregon HOSA Outstanding Service Award
- III. Oregon HOSA Special appreciation Award
- IV. Outstanding Alumni Award

### **Eligibility Criteria for State Awards**

- I. Honorary Life Member
  - a. Has made a significant contribution to the growth and improvement of the state organization
  - b. Has provided financial and/or other support to one or more special Oregon HOSA projects.
- II. Outstanding Service Award
  - a. Has performed a service, which has advanced the state Organization.
- III. Special Appreciation Award
  - a. Has provided financial support for a particular Oregon HOSA project, workshop or other Oregon HOSA activity.
- IV. Outstanding Alumni Award
  - a. Has made a significant contribution to the growth and improvement of the state and/or national organization.

Attached is a nomination form for special recognition. HOSA members may nominate any eligible person or company for whom they can document their service.

Return the nomination form to Oregon HOSA by February 10. Recipients will be invited to attend the Recognition Session at the Annual State Leadership Conference.

**Oregon HOSA  
Special Recognition  
Nomination Form**

**DIRECTIONS:** Please type or print. Complete all requested information, attach copies of supporting documents and send the Nomination Form and a supporting letter by April 1 to:

Oregon HOSA  
2611 Pringle Rd. SE  
Salem OR 97302  
**NEW FAX: 503-540-4493**

A. Special Recognition Award. Check appropriate line to indicate Oregon HOSA award for which this nomination is being submitted.

- I. Honorary Life Membership In Oregon HOSA
- II. Oregon HOSA Outstanding Service Award
- III. Oregon HOSA Special Appreciation Award
- IV. Outstanding Alumni

B. Category (check appropriate line)

Individual     Organization     Company     Other (specify)

Full Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Please fill out if different from above:

Name of Contact \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

C. Letter of Recommendation describing service or contribution.

D. Nominator Name \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

# Barbara James Service Award

**!! Attention !!**

Please read the information about the Barbara James Service Award on the national HOSA website: [www.hosa.org](http://www.hosa.org).

Proper verification of community service must be attached. Applications will be disqualified if the correct verification is not provided.

***It is the responsibility of the Chapter Advisor to see that proper verification is attached to the application.***

The Barbara James Service Award Application and Verification Page can be printed from the National HOSA website.