

Yuba College Nursing Program
Application Supporting Documentation Form
Volunteer Experience

This completed form is required to be submitted with the application to document qualifying points

Completed by Applicant

Applicant Name (Print): _____ Yuba College Student I.D. #: _____
Healthcare Role: _____

Someone who supervised your volunteer experience must complete the verification form. This form must be completed in its entirety to be considered for points. The applicant must have volunteered for at least 200 hours directly with patients within the last five years.

Completed by Supervisor

Contact Information of person verifying healthcare experience:

Name (print): _____

Professional Title: _____

Organization: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Please answer the following questions:

1. How long have you known the applicant, and in what capacity?

2. Dates of employment/volunteering:
 - a. Start date _____ End date _____ (must be within the past 5 years to qualify for points)
3. Did the volunteer work with directly patients for at least 200 hours during their dates of volunteering?
 - a. ____ Yes ____ No (must be yes to qualify for points)
4. Did the applicant's volunteering involve providing direct patient care?

Direct patient care refers to hands-on, face-to-face (or real-time) clinical services.

- a. ____ Yes ____ No (must be yes to qualify for points)

Signatures: *Need an original handwritten or digital signature. Typed-in names are not accepted.*

Applicant Signature: _____ Date: _____

I acknowledge, by my signature, that the information on this form is true and correct.

Person Verifying Experience Signature: _____ Date: _____

I acknowledge, by my signature, that the information on this form is true and correct.