

**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 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 working directly with patients?

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.