

**Yuba College Nursing Program**  
**Application Supporting Documentation Form**  
**Healthcare 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 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)
  - b. If no, how many hours has the employee volunteered directly with patients \_\_\_\_\_
    - Note, applicant may upload multiple completed Healthcare Work Experience forms to meet the mandatory 200 hour requirement.
4. Did the applicant's volunteer experience involve providing direct patient care?

**Direct patient care refers to hands-on, face-to-face (or real-time) clinical services that a healthcare worker provides to a patient to diagnose, treat, monitor, or support their health condition.**

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

**Signatures**

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.