Yuba College Nursing Program
Application Supporting Documentation Form
Volunteer or Non- Direct Patient Care 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/ non-direct patient care 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 or worked in the healthcare field in non-direct patient care capacity for at least 200 hours within the last five years. Applicants can only qualify for volunteer or non-direct patient care experience points- not both.

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. Describe the applicants volunteer/non-direct patient care role
   _____
   _____
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?
   Direct patient care refers to hands-on, face-to-face (or real-time) clinical services.
   a. _____ Yes _____ No (must be yes to qualify for volunteer points)
4. Did the applicant's work involve providing non-direct patient care in the healthcare environment?
   a. ____ Yes ____ No (must be yes to qualify for non-direct patient care 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.