

Clark College Dental Hygiene Program Community Service/Volunteer Hours Form

First Name: _____ **Last Name:** _____ **SID:** _____

Community Service/Volunteer Hours

Up to three (3) points will be awarded to applicants who have documented hours of community service/volunteer experience. Please use this Community Service/Volunteer Hours Form to document your experience.

- 1-9 hours = 1 point
- 10-19 hours = 2 points
- 20 or more hours = 3 points

The purpose of this point is to encourage applicants to gain experience working with diverse, often underrepresented populations within the community. The intent is for applicants to gain insights about community needs and resources, as well as communication skills needed in the healthcare field.

Applicants may submit multiple forms to demonstrate total hours accumulated. Use one form per organization/agency.

Volunteer Experience Organization/Agency: _____

Volunteer Role/Job Title: _____

Volunteer Coordinator/Supervisor Name: _____ **Email:** _____

Volunteer Coordinator/Supervisor Signature: _____

Volunteer Coordinator/Supervisor Phone Number: _____ **Date:** _____

Log of Volunteer Experience Hours (may attach additional page if needed):

Date	Hours	Please Describe Activities Involved

I attest that all information in this form is accurate.

Applicant Signature: _____ **Date:** _____