

# Clark College Nursing Program

## Community Service/Volunteer Hours Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ SID: \_\_\_\_\_

### Community Service/Volunteer Hours

One (1) point will be awarded to applicants who have a minimum of 40 documented hours of volunteer experience with a population of need. Please use this Community Service/Volunteer Hours Form to document your experience.

Applicants can earn points in both the Work Experience and Community Service/Volunteer Hours categories.

The purpose of this point is to encourage applicants to gain experience working with diverse, often underrepresented (marginalized) 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.

*\*One form per organization/agency*

### Sample of approved experiences:

- Long-term care agencies
- Formal hospital volunteer programs
- Camps for disabled/chronically ill children (e.g., diabetes)
- Special Olympics involvement
- Homeless shelter support
- Free health clinics
- Volunteer with school nurse in health-related activities
- Outreach programs or health-related missions
- Volunteer at First Aid station

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

Please describe how this opportunity supported an underrepresented population of need within the community (may attach additional page if needed):

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I attest that all information in this form is accurate.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_