



SAN DIEGO CITY COLLEGE NURSING PROGRAM
WORK/VOLUNTEER CERTIFICATION FORM

The following form is provided to the applicant in order to verify volunteer experience **-OR-** health-related work experience (12 points), and/or a need to work during the prerequisite nursing courses (1 point). Supervisor information should be completed by the applicant's current employer, former employer, or volunteer supervisor.

NAME: _____
Last First

Work Experience (Minimum 100 hours in the past 3 years)		
Only one place of work is needed to earn points. Enter the most relevant experience below.		
Is this experience healthcare related? _____ Yes _____ No		
Did you work while taking academic courses needed to apply to the nursing program? _____ Yes _____ No		
Employer Name:	Title of Your Position:	
Employer Address:		
Start Date:	End Date:	Currently Employee? _____ Yes _____ No
Supervisor Name:	Supervisor Title:	
Supervisor Phone:	Supervisor Email:	
Supervisor Signature:		Date:

-OR-

Volunteer Experience – Minimum of 100 hours within the past 3 years		
Organization #1 Information		
Volunteer Organization:	Number of Hours Completed:	
Organization Address:		
Volunteer Supervisor Name:		
Supervisor Phone:	Supervisor Email:	
Supervisor Signature:		Date:
Organization #2 Information		
Volunteer Organization:	Number of Hours Completed:	
Organization Address:		
Volunteer Supervisor Name:		
Supervisor Phone:	Supervisor Email:	

Supervisor Signature:		Date:
Organization #3 Information		
Volunteer Organization:		Number of Hours Completed:
Organization Address:		
Volunteer Supervisor Name:		
Supervisor Phone:		Supervisor Email:
Supervisor Signature:		Date: