SAN DIEGO CITY COLLEGE NURSING PROGRAM

WORK/VOLUNTEER CERTIFICATION FORM

All forms must be filled out completely to receive points. If the form is not filled out completely, the student will not receive points.

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 thenursing 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: