SAN DIEGO CITY COLLEGE NURSING PROGRAM
WORK/VOLUNTEER CERTIFICATION FORM

The following form is provided to the applicant in order to verify volunteer experience.

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 Signature: Supervisor Email:	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:	Title:
Supervisor Signature: Supervisor Email:	Date:

Organization #2 Information

Volunteer Organization:	Number of Hours Completed:
Organization Address:	
Volunteer Supervisor Name:	Title:
Supervisor Signature: Supervisor Email:	Date: