



STUDENT VOLUNTEERISM/SERVICE LEARNING HOURS VERIFICATION FORM

☐ CHECK HERE if you **DO NOT** have volunteerism/service-learning hours in the past 5 years. If checked, sign the form and submit per the Nursing Education application process.

☐ CHECK HERE if you **DO** have volunteerism/service-learning hours in the past 5 years. If checked, please have the organization complete the form. If you have multiple organizations in the past 5 years, please complete one (1) form for each organization. Please submit each form per the Nursing Education Program application process.

RE: Verification of volunteerism/service-learning hours for the CCA's Nursing Education Program student application: _____ (Name of Student). Applicants may verify between 40-120 hours of volunteerism/service-learning within the last five (5) years. Any volunteerism/service-learning hours are acceptable. Hours do not need to be in a patient setting.

Company Contact:

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Phone: _____ Contact Email: _____

Job Title/Position:

Volunteer/Service-Learning:

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Date(s) : _____

Hours Verification:

☐ 40 Hours ☐ 41-80 Hours ☐ 81-120 Hours

Student Name: _____ Student S# _____ Date: _____