

DSH-A/CUESTA COLLEGE PSYCHIATRIC TECHNICIAN PROGRAM Volunteer in Healthcare or Non-profit Organization Verification Form

- For Volunteer Hours Between January 3, 2023 through January 3, 2025
- **Submit this form with your completed application. Incomplete forms will not be accepted.**
- A minimum of 200 volunteer hours is required to qualify for points

Applicant name:

Email:

Volunteer Experience Criteria for Point Consideration

The intent of awarding points in the volunteer experience category of the Psych Tech application is to recognize relevant volunteer experience that benefits the volunteer and healthcare community. For the purpose of points, unpaid volunteer positions in a healthcare setting or a nonprofit organization that allow the applicant to gain knowledge, understanding, and experience while improving the health and well-being of our community may be considered.

The following are examples of volunteer experiences that would be considered for points:

- Hospital, long-term care, assisted living, memory care, clinic
- Special Education Classrooms
- Health Fair
- Non-profit organizations (i.e. Special Olympics, Escuela Del Rio, TMHA, CAPSLO, Food Bank)

Volunteer positions are evaluated on a case-by-case basis, and points are not guaranteed.

Instructions to Applicant and Volunteer Coordinator/Supervisor:

Take this form to each volunteer activity to have the volunteer coordinator date and sign

If hours were performed before this form was published, submit to the supervisor for proof of volunteer service or the form from the last application will be accepted if applicable.

1. Each day & hours are to be listed. **Summarized hours cannot be accepted.**
2. Use the second page, or as many pages as necessary, to document hours.
3. Keep this form with all signatures to submit **with your application** (200 hours minimum required for points).

Date of Service	Agency/Organization	Volunteer Role	# of Hours Worked	Coordinator/Supervisor Name, Phone Number & Initials
				Full Name: _____ Phone #: _____ Coordinator Signature: _____
				Full Name: _____ Phone #: _____ Coordinator Signature: _____
				Full Name: _____ Phone #: _____ Coordinator Signature: _____
				Full Name: _____ Phone #: _____ Coordinator Signature: _____
Cont'd on next page as needed				

**DSH-A/CUESTA COLLEGE PSYCHIATRIC TECHNICIAN PROGRAM
Volunteer Experience Verification Form (additional page)**

Date of Service	Agency/Organization	Volunteer Role	# of Hours Worked	Coordinator/Supervisor Name, Phone Number & Initials
				Full Name: _____ Phone #: _____ Coordinator Signature: _____
				Full Name: _____ Phone #: _____ Coordinator Signature: _____
				Full Name: _____ Phone #: _____ Coordinator Signature: _____
				Full Name: _____ Phone #: _____ Coordinator Signature: _____
				Full Name: _____ Phone #: _____ Coordinator Signature: _____
				Full Name: _____ Phone #: _____ Coordinator Signature: _____
				Full Name: _____ Phone #: _____ Coordinator Signature: _____
				Full Name: _____ Phone #: _____ Coordinator Signature: _____
				Full Name: _____ Phone #: _____ Coordinator Signature: _____
				Full Name: _____ Phone #: _____ Coordinator Signature: _____
				Full Name: _____ Phone #: _____ Coordinator Signature: _____
				Full Name: _____ Phone #: _____ Coordinator Signature: _____
				Full Name: _____ Phone #: _____ Coordinator Signature: _____
				Full Name: _____ Phone #: _____ Coordinator Signature: _____
				Full Name: _____ Phone #: _____ Coordinator Signature: _____