

## Cuesta College RN Program Application

### Volunteer in Healthcare or Non-profit Organization Verification Form

- For Volunteer Hours Between September 1, 2022 through September 30, 2024
- No form variations can be accepted, and forms must be submitted in pdf format
  - Exception – Hours volunteered and signed on the September 2023 volunteer form will be accepted as long as they were completed during the required timeframe
- 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 RN 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
- Hospice
- Health Fair
- Non-profit organizations (i.e. Special Olympics, Alzheimer’s Association, American Heart Association, Cancer Society, 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 online 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: _____
				Full Name: _____ Phone #: _____ Coordinator Signature: _____
	<b>Cont'd on next page as needed</b>			

**ASSOCIATE DEGREE REGISTERED NURSING (RN) 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: _____
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