CSU, CHICO SCHOOL OF NURSING
VERIFICATION OF VOLUNTEER HOURS
FOR NON-PROFIT AGENCY/HEALTH-CARE FACILITY

1. Applicant:

Use this form to certify volunteer hours for a 501c3 non-profit agency or health-care facility. The completed form must be submitted with your supplemental NursingCAS application by the associated application deadline.

- You may combine experiences to accumulate hours toward points. However, we prefer they be a minimum of 25 hours per experience (e.g., four forms at a minimum of 25 hours each experience = 100 total hours).
- If community service/volunteer hours are for a multicultural and underrepresented (M&U) experience outside your own cultural group, all hours served must involve this category to be counted for points (e.g., all 100-199 hours must pertain to the M&U category to earn two points).

Please answer the following questions:

1. What is your full name? (Please print legibly): _______________________________________________________________________

2. Did this experience involve working with a multicultural and underrepresented group outside a group you presently identify with? Please check: _____ Yes _____ No

3. If yes to above, please provide in the space below, a description of your experience and a key take-away you learned about the culture through this experience. Please print legibly. Leaving this space blank will result in zero points.

__________________________________________________________________________________________________________________________________________

2. Certifying agency: (Please type or print legibly)

Student name: __________________________________________________________________________ Date(s) of service: ______________________________

Is this a non-profit agency with 501C(3) status? Yes ____ No ____ Total hours this experience: _________________

Agency/Organization: ____________________________________________________________________

Street Address (including city, state, zip): ________________________________________________________________________________________________

Supervisor’s Name: _______________________________________________________________________ Title: ________________________________

Email: __________________________________________ Phone: ________________________________

Signature: (cannot be typed): __________________________________________________________________ Date: ________________________________

Form created August, 2021