

CCC ID _____ Name _____

*Applicants may receive up to 3 points for volunteering in any organization/circumstance where the applicant was supervised (directly or indirectly) excluding court ordered or other disqualifying experience as listed in the **Nursing Application Instructions for Fall 2024**. Volunteer experience must have been completed in the last 5 years.*

Be sure to download and fill in necessary information in the top section before sending this form to the supervisor/organization where the volunteer hours were performed. **Volunteer hours must be verified using this form and must also include a letter or email of reference from your supervisor/designee.** You may duplicate this form as needed. You must include a reference letter/email from each organization filling out a verification form. Be sure the form is complete. Incomplete forms or missing reference letters cannot be given consideration in the point assignment process.

This portion to be completed by the Applicant

Dear Human Resources/Supervisor,

I am in the process of applying to the Nursing Program offered by Clatsop Community College. The points process requests verification of volunteer hours and a reference letter. Volunteer hours must be within the last 5 years.

I, _____ (program applicant's name) authorize the college to contact the individuals listed on this form to verify the information provided.

Program Applicant's Signature: _____ Date: _____

The portion below is to be completed by Supervisor/Human Resources

Verification of volunteer hours:

A. Dates of Service: _____ Total Hours: _____

mm/dd/yy – mm/dd/yy

B. Supervised by: _____

Name, Title

C. Organization: _____

D. Supervisor contact number: _____

E. Supervisor signature: _____ Date: _____

PLEASE ATTACH A LETTER OR EMAIL OF REFERENCE FOR THE APPLICANT