

Dear Human Resources/Supervisor,

COMMUNITY.

## **Umpqua Community College Nursing Program Application**



## Volunteerism and/or Community Service Form – UCC Nursing

Applicants to the Umpqua Community College Nursing Program may receive up to 5 points for volunteering in any organization/circumstance where the individual was supervised (directly or indirectly) and provided a service to the community.

Applicants should not submit volunteer verification documentation with their application if they have not performed at least 50 hours of volunteer service in the last 5 years.

Note to applicant: Be sure to fill in necessary information in the top section before giving this form to the supervisor/organization where the volunteer hours were performed. Volunteer hours must be verified using this form and **include a letter of reference from your supervisor or their designee which describes the activity and how it serves the community**. You may duplicate this form as needed. You must include a reference letter 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.

| I am in the process of applying to the Umpqua Community College Nursing Program. The selection points process requires verification of volunteer hours and a reference letter. Volunteer hours must be <b>unpaid</b> and completed <b>within the last 5 years</b> . |                                        |                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------|
| I,                                                                                                                                                                                                                                                                  |                                        | ( <i>print program applicant's name</i> ) authorize the college to rm to verify the information provided. |
| conta                                                                                                                                                                                                                                                               | act the individuals listed on this for | m to verify the information provided.                                                                     |
| Applicant's Signature:                                                                                                                                                                                                                                              |                                        | Date:                                                                                                     |
|                                                                                                                                                                                                                                                                     | The portion below is to be             | completed by Supervisor or Human Resources                                                                |
| Verif                                                                                                                                                                                                                                                               | ication of volunteer hours:            |                                                                                                           |
| A.                                                                                                                                                                                                                                                                  | Dates of Service (mm/dd/yy): _         | and-                                                                                                      |
|                                                                                                                                                                                                                                                                     | Total Hours (mm/dd/yy):                |                                                                                                           |
| B.                                                                                                                                                                                                                                                                  | Supervised by (Print Name/Title        | e):                                                                                                       |
| C.                                                                                                                                                                                                                                                                  | Organization:                          |                                                                                                           |
| D.                                                                                                                                                                                                                                                                  | Supervisor contact number: _           |                                                                                                           |
| E.                                                                                                                                                                                                                                                                  | Supervisor signature:                  | Date:                                                                                                     |
| F.                                                                                                                                                                                                                                                                  |                                        | R OF REFERENCE FOR THE APPLICANT<br>EER ACTIVITY AND HOW IT SERVES THE                                    |