



## CCC Nursing Program Healthcare Volunteer Experience Documentation Form

PART 1: To be completed by the Applicant	
Applicant Name:	Applicant Student ID Number (if applicable):
Students may earn up to 5 points for Healthcare Volunteer Experience.	
International or domestic volunteer experience in a healthcare setting (examples include: medical settings, home care, community health and home health).  Please check off the box that reflects your healthcare volunteer experience hours.	-         \( \alpha \)           \( \alpha \)
	☐ 1000-1999 hours = 3 points
	er $\Box$ 2000 + hours = 5 points
<ul> <li>Healthcare volunteer experience hours must be complete by the end of fall term prior to the application deadline. Healthcare volunteer experience points will not be awarded if this form is incomplete.</li> <li>All supporting documents must be translated to English and be included/uploaded in your Nursing CAS application.</li> <li>All required documentation must be uploaded to your NCAS online application by 8:59pm PST (11:59pm EST) on February 15, 2024. Documentation submitted after that date and time will not be considered.</li> </ul>	
PART 2: To be completed by the Supervisor or Volunteer Coordinator:	
Organization/Facility:	
Supervisor/Volunteer Coordinator:	
Supervisor/ volunteer Coordinator.	
Contact Phone: Email Address:	
Please list the applicant's dates of service:	
Total number of hours completed by January 26, 2024:	
Please provide a brief description of the duties performed while volunteering for your organization.	
I verify the above identified applicant's volunteer experience and hours are complete and accurate. The accrued volunteer hours have been calculated through <b>January 26, 2024</b> . CCC reserves the right to contact anyone listed on this form to verify that this information is true and correct.	
Supervisor / Volunteer Coordinator Signature:	Date: