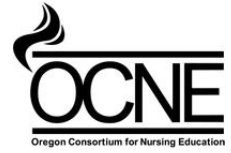




# Southwestern Oregon Community College & Oregon Consortium for Nursing Education



## Community Service/Volunteer Verification

**Student/Volunteer Name** \_\_\_\_\_ **Date** \_\_\_\_\_

Dear Supervisor/Human Resources Manager:

The above individual is planning to apply to the SWOCC Nursing Program. To earn 2 points in the selection process, the applicant must prove a minimum of 20 hours supervised volunteer or community service in the past 24 months of when this form has been signed. In order to receive those points, the applicant must provide official documentation and may submit documentation from more than one location. We are asking you to assist this applicant with the process. Please do the following:

- Keep this form intact
- Fill in the requested information below
- Return to Student/Volunteer so they can submit with their application

The form must be received no later than 5pm, on the application deadline to earn points. If you have any questions, you may call the Nursing Program Assistant at 541-888-7443 or email [amber.schiro@socc.edu](mailto:amber.schiro@socc.edu). Thank you for your help.

---

To be completed by supervisor.

Can you verify that this applicant has volunteered services in your facility?  Yes  No

Total Number of Hours Volunteered here as: \_\_\_\_\_ = \_\_\_\_\_  
Volunteered role Total Hours Volunteered

---

**Printed Name and Title**

---

**Signature of Supervisor/HR**

---

**Facility**

---

**Phone Number/Email**