



School of Nursing

VERIFICATION FOR COMMUNITY SERVICE *Community service is defined as, unpaid service offered that does not benefit the individual providing it directly in the form of financial compensation, school credit or otherwise. Common examples are found in the following areas but are not limited to: health care, childcare, education, social services, senior citizen services, recreation, crime prevention, community improvement, housing and public safety.

***Use 1 form for each experience that occurred within the last 12 months.**

APPLICANT INFORMATION

Name of Applicant: _____

Mailing Address: _____

Phone: _____ Email: _____

ORGANIZATION INFORMATION *must be a formal organization

(Examples of a formal organization include: United Way, United Methodist Church or local affiliate, SRMH axillary.)

(Examples of informal service that **would not be considered**: babysitting for a neighbor, provided care for a family member, a shadowing experience *a shadowing experience may meet criteria in the Health Care Experiences category)

Name of Organization: _____

Address: _____

COMMUNITY SERVICE ACTIVITY *while in college

Start Date of Service: _____ End Date of Service: _____

Average weekly hours per semester: _____ Average weekly hours per break: _____

Total Hours Completed: _____

Describe the impact of your service:

SUPERVISOR INFORMATION

Supervisor Signature: _____ Date: _____

Print Name: _____ Title: _____

Phone: _____ Email: _____