

## LCC Nursing Application Community Service Volunteer/Leadership Verification Form

Applicants to the Lane Community College Nursing Program may receive points for volunteering in any organization/circumstance where the individual was supervised (directly or indirectly) and provided a service to the community with **50 or more hours**.

**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 **from your supervisor or their designee**. The applicant may duplicate this form as needed. Be sure the form is complete. Incomplete forms cannot be given consideration in the point assignment process.

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**Dear Human Resources/Supervisor,**

I am in the process of applying to the Lane Community College Nursing Program. The selection point process requires verification of volunteer hours. Volunteer hours must be **unpaid** and may not be court-ordered.

I, \_\_\_\_\_ (*print applicant name*) authorize the college to contact the individuals listed on this form to verify the information provided.

Name of Organization: \_\_\_\_\_

Year(s) \_\_\_\_\_ and # of hours volunteered: \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**The portion below is to be completed by Supervisor or Human Resources**

Verification of volunteer hours:

Mo(s)/Yr(s) of Volunteer Service: \_\_\_\_\_ Total Hours: \_\_\_\_\_

or

Mo(s)/Yr(s) of **Leadership** Service: \_\_\_\_\_ Total Hours: \_\_\_\_\_

Supervised by: \_\_\_\_\_

*Print First & Last Name and Title*

Name of Organization: \_\_\_\_\_

Supervisor contact phone number: \_\_\_\_\_

Supervisor signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

This form may be scanned and Emailed from the Supervisor to [HPApplicationCenter@lanecc.edu](mailto:HPApplicationCenter@lanecc.edu). If Emailing this form, please put: **Volunteers Last Name, RN Volunteer Form** in the Subject Line, copy the student on the Email and send the Email no later than 5pm on February 15<sup>th</sup>, 2019.

**OR**

Mail the form to: Lane Community College, HP Application Center (RN), 4000 E. 30<sup>th</sup> Ave, Bldg. 30, Eugene OR 97405 post-marked no later than February 15<sup>th</sup>, 2019. If returning to the student, please place in a **sealed** envelope and **sign** on the seal and the student can mail to the above address or drop off to the Health Professions Drop Box in Building 30 outside the downstairs restrooms on LCC's main campus.