

**MODESTO JUNIOR COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM**

**CRITERION 1D: VOLUNTEER EXPERIENCE
SUPPORTING DOCUMENTATION FORM (SDF)**

SECTION 1: To be completed by student.

Student name: _____ Student ID: _____

Student Phone: _____

SECTION 2: To be completed by volunteer agency.

In order to receive points in the application process for the ADN program, students are asked to provide documentation of **200** hours of volunteer experience. As an agency that works with volunteers, you are being asked to verify volunteer service of the person identified above.

Name of volunteer: _____

Name of volunteer agency: _____

Agency mailing address: _____

Describe the activities the volunteer did for your agency: _____

Volunteer start date: _____ End date: _____ **Total** volunteer hours: _____

Print name and title of person completing this form: _____

Email: _____ Telephone number: _____

My signature verifies the information above is correct.

Signature: _____ Date: _____