PRAIRIE VIEW A&M UNIVERSITY

A Member of the Texas A&M University System

COLLEGE OF NURSING - OFFICE OF PRE NURSING ADVISING

VERIFICATION OF COMMUNITY SERVICE

APPLICANT INFORMATION

PLEASE TYPE OR PRINT CLEARLY

AS A REQUIREMENT OF THE COLLEGE OF NURSING APPLICATION PROCESS, THE APPLICANT IS REQUIRED TO SUBMIT A VERIFICATION OF SERVICE FORM TO VERIFY VOLUNTEER SERVICES PROVIDED. PLEASE COMPLETE THE APPLICANT SECTION, AND THEN SUBMIT IT TO THE ORGANIZATION THAT IS TO VERIFY YOUR SERVICE HOURS.

APPLICANT'S NAME _____ **STUDENT ID#** _____

PHONE _____ **E-MAIL** _____

ORGANIZATION INFORMATION

NAME OF ORGANIZATION _____

NAME AND CONTACT INFORMATION OF PERSON WITH DIRECT KNOWLEDGE OF THE SERVICE PROVIDED BY APPLICANT

NAME _____ E-MAIL _____ PHONE: _____

DATES OF SERVICE FROM _____ TO _____

TOTAL NUMBER OF COMMUNITY SERVICE HOURS APPLICANT HAS WITH YOUR ORGANIZATION _____

PLEASE DESCRIBE THE SERVICES RENDERED AND APPLICANTS ROLES AND RESPONSIBILITIES WITH YOUR ORGANIZATION.

WAS THE SERVICE THAT WAS PROVIDED BY THE APPLICANT IN LINE WITH THE MISSION AND PURPOSE OF YOUR ORGANIZATION; AND WHAT DID THE ORGANIZATION GAIN FROM THE APPLICANTS SERVICE?

AT ANY TIME DURING THE PERIOD OF SERVICE WAS THE APPLICANT EVER PAID FOR SERVICES PROVIDED? ☐ **YES** ☐ **NO**
(IF YES, PLEASE EXPLAIN.

Please see reverse for additional information

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AT ANY TIME DID THE APPLICANT HOLD AN OFFICIAL POSITION WITH THE ORGANIZATION? ☐ YES ☐ NO
(IF YES, PLEASE EXPLAIN.

PLEASE RATE THE APPLICANT ON THE FOLLOWING CRITERIA

CRITERIA	EXCELLENT	GOOD	AVERAGE	FAIR	POOR	UNABLE TO RATE
APPROPRIATE ATTIRE						
MATURITY						
RESPONSIBILITY						
DEPENDABILITY						
INTERPERSONAL SKILLS						
ORAL SKILLS						
WRITING SKILLS						
HONESTY / INTEGRITY / CHARACTER						
CRITICAL THINKING SKILLS						
ABILITY TO WORK INDEPENDENTLY						

ADDITIONAL COMMENTS:

Name of Person Completing Form _____
(Please type or Print Clearly)

Signature: _____

Title: _____ **Date:** _____

Email: _____ **Phone:** _____