



St. Joseph's College of Nursing
Community Service/Volunteer Verification Form

Student Name: _____ ID#: _____

Financial Aid & Scholarship Policy

Tasks and activities completed during volunteer service hours, as part of fulfillment of criteria for a scholarship or award received by a St. Joseph's College of Nursing student, must not include any clinical activities since the 'student' is completing volunteer hours as a member of the community and is not in the 'student nurse' role accompanied by a St. Joseph's College of Nursing faculty member.

Name of Scholarship Awarded: _____

Name of Organization/Company: _____

Phone Number: _____ Address: _____

MM-DD-YY	Tasks Performed	Hours		MM-DD-YY	Tasks Performed	Hours

On-Site Supervisor's Name: _____

Signature of On-Site Supervisor: _____ Date: _____

Instructions

1. Use one form per organization.
2. Do not use abbreviations.
3. Please fill in the entire form. When recording dates, please include month, day and year.
4. Record all of your hours on this form; have a supervisor at your service site sign this form.
5. Please do not re-submit hours that have already been submitted.
6. Once you have completed your community service or volunteer work, forward the completed form to Mary Ann Wafer, Associate for Alumni and Development, maryann.wafer@sjhsyr.org

Suggested Volunteer Experiences but Not Limited To:
St. Joseph's Volunteer Center
Francis House
Leukemia Society
American Red Cross
Samaritan Center