



Mt. San Jacinto College
Associate Degree Nursing Program
Criteria 9 – Volunteer Experience

Volunteer Name: _____

Start Date: _____

End Date: _____

Total number of hours completed: _____

****Please note that the 100 hours of work experience must be health care related and completed within the last 3 years****

List of tasks/duties:

Supervisor Signature: _____

Supervisor Printed Name: _____

Title: _____

Organization: _____

Please attach or provide Business card/Company contact information below: