

Service to the Community/ Hospital Verification Form

Please check the box of the activity you are applying with and include the supporting documentation.

Applicant Name:_____

Applicant Department:_____

	Organization Name:		
1. Volunteered time to	Dates of Service:		
facilitate/implement health and wellness in the community (Red Cross, etc.)	Designee Signature:		
	Signature	Date	
	Organization Name:		
	Dates of Service:		
2. Serves as a board member of an external organization	Designee Signature:		
	Signature	Date	
3. Serve as community education instructor (parenting/	Please attach proof of instructor cert	Please attach proof of instructor certification/ course	
childbirth classes, EMT, life guard, babysitter classes)	description.	•	
	Organization Name:		
	Dates of Presentation:		
4. Presents at career day event to outside agency (schools, YMCA, etc.)	Designee Signature:		
	Signature	Date	
5. Active in your college's		Please attach a separate page with a 2-paragrah	
nursing alumni organization,	•	reflection detailing your involvement including the	
participating in events/ outreach, etc.	you had.	institution name, events participated in and the impact	
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	Organization Name:		
6. Participates in a unit/ nursing/	Dates of Service:		
hospital fundraiser or item drive	Designee Signature:		
	Signature	Date	
	Organization Name:		
7. Participates in community	Dates of Service:		
based fundraising activity or item drive	Designee Signature:		
	Signature	Date	
8. Participates in tutoring or mentoring of nursing students (outside of paid work hours)	Dates of Tutoring/ Mentorshi	p:	
	Designee Signature:		
	Signature	Date	
	Organization Name:		
0 Converse vaccination nurse at	Dates of Service:		
9. Serves as vaccination nurse at influenza/ COVID vaccine clinics	Designee Signature:		
	Signature	Date	
10. Lead a public health awareness campaign for the hospital/ community	paragraph reflection on c campaign and its purpose, t	Please attach separate page with a minimum two- paragraph reflection on campaign describing the campaign and its purpose, the intended audience and the impact.	
11. Exemplar	Community/ Hospital Exemp describing something that I nurse. Please see page 22	Please attach exemplar with heading: Service to the Community/ Hospital Exemplar. An exemplar is a story describing something that has helped you grow as a nurse. Please see page 22 on Exemplars for more detailed information.	