



Healthcare Related Service Experience Form

Please submit a form for each experience if multiple were done.

Name (Last, First, MI)	
WSU Access ID or Date of Birth	
Service Experience Organization	
<p>Describe the nature of the health-related service you completed.</p> <p>Include details about what you did during the health-related service. Examples of health-related community service include (but are not limited to) volunteering at health fairs; with senior citizens or those in Assisted Care facilities; with support groups or programs for children/adults with special needs; as a non-clerical volunteer in a hospital or community health organizations; soup kitchens and homeless shelters.</p>	
<p>Date(s) of Volunteering</p> <p><i>Must be within one year of application deadline</i></p>	
Total Hours	
I attest that I have completed the hours of health-related community service, i.e. volunteer/un-paid as stated above. I also understand that community service cannot take place at my place of employment.	
STUDENT Signature	
I attest that the student completed the hours of health-related community service experience as stated above.	
<p>ORGANIZATION REPRESENTATIVE</p> <p>Printed Name, Title, Contact # or email</p>	
REPRESENTATIVE Signature	

Please scan the completed form(s) and upload to your WSU College of Nursing Application.