

# Volunteer/Work Experience

## Instructions to student:

This form is to be completed by you and the supervisor of your volunteer/work experience. The completed form is to be included with your application materials and serves as documentation of satisfactory performance of your volunteer/work experience.

Student's Name	.....
Supervisor(s)	.....
Name of Agency	.....
Agency Address	.....
	City, State
	Zip
Agency Phone	.....

## TO BE COMPLETED BY STUDENT

Dates of experience ..... TO .....  
Month/Day/Year Month/Day/Year

Number of hours completed .....

Brief description of experience: .....

Student Signature ..... Date .....

## TO BE COMPLETED BY SUPERVISOR

I certify that the above named student has satisfactorily completed the volunteer / work experience described above.

Yes  No

If no, please explain: .....

Supervisor Signature ..... Date .....