



Gavilan College  
Associate Degree Nursing Program  
Criteria 8- Work / Volunteer Experience

Name: \_\_\_\_\_

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Please check one:     Work     Volunteer

Total number of hours completed: \_\_\_\_\_

**\*\*Please note that the 100 hours of work/volunteer 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: