



UNC CHARLOTTE
College of Health and Human Services

School of Nursing

9201 University City Blvd, Charlotte, NC 28223-0001
T704/687.7952 www.nursing.uncc.edu

VOLUNTEER AND/OR PAID HOURS
VERIFICATION FORM

_____, has applied for admission to the School of Nursing at the
University of North Carolina at Charlotte and has indicated that volunteer and/or paid hours THAT
ARE RELATED TO A HUMAN-BASED HEALTHCARE ENVIRONMENT AND DIRECTLY
CONTRIBUTE TO THE WELFARE OF PATIENTS have been completed with your facility.

Please indicate the number of hours this individual has completed: []

Please list dates these hours were completed: _____ to _____

Please briefly describe the capacity (i.e. specific responsibilities) that this individual served in during
these volunteer or paid hours:

[Empty box for describing capacity]

PLEASE PRINT

Name _____ Title _____

Facility _____

Signature _____ Date: _____

Contact phone number: () -

7/2011

The School of Nursing is accredited by the Commission on Collegiate Nursing Education (CCNE)

The UNIVERSITY of NORTH CAROLINA at CHARLOTTE

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