



PCC OCNE Nursing Program Community Engagement Form

Part I: To Be Completed by The Applicant

Applicant Name:

Applicant Student ID Number:

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Community engagement can be earned in a variety of settings providing service to rural, underserved, and/or underrepresented populations in the last 10 years (2014 or more recent). If your experience was focused on serving people, benefitting a specific population and was unpaid, it will count toward the phase I evaluation.

Hours may be accumulated through the end of fall term prior to the application deadline and cannot be used to award health care experience or service member points. Applicants may earn 2 points toward their application for 50+ hours of documented community engagement. The community engagement form can be used for multiple application cycles if the dates are valid and align with the application cycle requirements.

This form must be filled out completely and uploaded to the applicant's NCAS online application by 8:59pm PST (11:59pm EST) on February 15, 2024. Documentation submitted after that date and time will not be considered. **The community engagement form will not be accepted without a volunteer coordinator or supervisor signature.**

Providing false information on this form will result in nullification of application and/or dismissal from the program.

Part II: To be completed by the Volunteer Coordinator or Supervisor

Organization/Facility:

Volunteer Coordinator/Supervisor Name:

Contact Phone:

Email Address:

Please list the applicant's dates of service:

Start Date:

End Date:

Total number of hours completed by December 17, 2023:

Please provide a brief description or attach separate documentation of duties performed while volunteering for your organization and explain how it has served marginalized, underrepresented, and/or disadvantaged communities.

I verify the above identified applicant's community engagement hours are complete and accurate. The accrued engagement hours have been calculated through the end of fall term 2023 (December 17, 2023). PCC reserves the right to contact anyone listed on this form to verify that this information is true and correct.

Volunteer Coordinator/Supervisor Signature: _____ Date: ____/____/____

This form must be uploaded to the documents section of the NCAS Application.