Volunteer Time Sheet or Work Related Experience

Yakima Valley College Radiologic Sciences

Student's Name: _____

Facility: _____

Supervisor: _____ Phone: _____

Supervisor's Signature *(requires a non-electronic signature)*: X_____

Date: _____

Purpose:	40 hours volunteer work in a patient care setting or work related experience in a patient care area – **MUST INVOLVE DIRECT PATIENT CONTACT** and must be completed prior to the March 1st deadline.

Phone: 509-574-4926 Email: mcoville@yvcc.edu

DATE	DESCRIPTION	HOURS

Total Hours: _____

RETURN THIS FORM WITH YOUR APPLICATION TO THE YVC RADIOLOGIC SCIENCES DEPARTMENT

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