

**COLLEGE OF SOUTHERN NEVADA
COMMUNITY SERVICE EXPERIENCE**

For which *semester* are you applying? _____

Applicant name (please print) _____

NSHE# _____

I give my permission to release the requested information to the CSN Nursing Program.

Signature: _____ Date: _____

Once this form has been completed and signed by agency, the applicant must submit with the application packet to:

Limited-Entry Admissions, Room WC K216
College of Southern Nevada
6375 West Charleston Boulevard
Las Vegas, NV 89146

Community Agency: _____

Address: _____

Phone: _____

Name and title of person completing form (please print): _____

Provide a brief description of the agency:

Provide a brief description of the volunteer responsibilities of the applicant:

Applicant volunteered from: _____ to: _____

Within the past 12 months, how many total hours has the applicant volunteered? _____

Please comment on the strengths and weaknesses of the applicant:

Signature: _____ Date: _____