

**Volunteer Services Voucher for Students in the Post Baccalaureate
Health Sciences Certificate Program**

Name of Volunteer _____

Student I.D. _____

Expected date of graduation from the Certificate Program _____

Volunteer Setting _____

of Hours Served _____

Description of Volunteer's job Responsibilities

Date Service Started _____

Date Service Ended _____

Volunteer Coordinator / Volunteer Supervisor Signature

By Signing the Above Statement, I (the volunteer coordinator / supervisor) affirm that the person whose name is listed above has served the number of volunteer hours listed above.

**This form must be submitted to the Office of Pre-Health Sciences
Advising with the application for graduation from the Post
Baccalaureate Health Sciences Certificate Program.**