



WAYNE STATE
College of Nursing

Community Service Experience Form

Name (Last, First, MI)	
WSU Access ID	
Volunteer Organization <i>One form per experience</i>	
Describe the nature of the health-related volunteer community service you completed. Include details about the nature of the volunteering, for example leadership role, planning/organizing or as a participant.	
Total Hours	
I attest that I have completed the hours of health-related community service, i.e. volunteer/un-paid experience as stated above.	
STUDENT Signature	
I attest that the student completed the hours of health-related community service experience as stated above.	
ORGANIZATION REPRESENTATIVE Printed Name, Title, Contact # or email	
REPRESENTATIVE Signature	

Please scan the completed form(s) and upload to your WSU College of Nursing Secondary Application.