Name of applicant (please print)________________________________________________

RE: Community Service Documentation (2 PAGES)

Once this form has been completed, the applicant must submit it with the completion packet to:
Limited-Entry Office, Room K 122
College of Southern Nevada
6375 West Charleston Boulevard –W1K
Las Vegas, Nevada 89146

I am applying for admission into the Ophthalmic Dispensing Program at the College of Southern Nevada in Las Vegas, Nevada.

I give my permission to release the requested information to the CSN Ophthalmic Dispensing Program. I realize that this document will be kept confidential from me and from the public. Thank you,

_________________________________ ___________________
Applicant Signature Date

College of Southern Nevada is an Equal Opportunity Institution
Community Service Experience

Community Agency:__________________________________________________________

Address:___________________________________________________________________

Phone:_____________________________________________________________________

Name of person completing form (please print)_____________________________________

Title:__________________________________

Provide a brief description of the agency:

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

Applicant volunteered from__________________ to __________________

Was this volunteer time a part of any requirement by a school or outside agency?
If yes, please describe:
Within the past 12 months, how many total hours has the applicant volunteered at your agency?
Please comment on the strengths and weaknesses of the applicant:

__________________________________ _________________
Signature Date
Fall 2008 form 2/07