

University of Arkansas for Medical Sciences
College of Nursing-Baccalaureate Program

Community Leadership/Service Verification Form

(Duplicate and use for each activity)

Student Name: _____ Assigned Faculty Advisor: _____

Date of leadership or service activity: _____

Name/Type of Activity, and a brief description of how you believe this represents the leadership and service role of a nursing student in the community:

Hours of Leadership or Service (total): _____

Arrival time: _____

Departure time: _____

Printed name of person/faculty supervising the activity:

Signature of person/faculty assisting with leadership or service activity:

If not College of Nursing Faculty, provide the following:

Individual name and Email address: _____

Organization Name: _____

Address: _____

Phone: _____ Fax: _____ Web Address: _____

Student signature: _____

Note to Student: You are responsible for completing this form and providing this proof of participation in leadership or service activities to your assigned UAMS College of Nursing faculty advisor, for each approved activity, within seven (7) days of completion of the activity.

Date of submission: _____