

Continuing Education and Competency Program
Program Credits for Volunteering Submission Form

College Registrant's Name:	
CDHPEI Registration #:	
Date of submission:	

VOLUNTEERING ORGANIZATION INFORMATION

Name of organization:	
Phone number of Organization:	
Name of Organization Contact:	
Email of Organization Contact:	

VOLUNTEERING INFORMATION

Position/Duties:	

Hours worked/ volunteered:	
Dates Volunteered:	

Signature of Supervisor/Manager: _____

Signature of registrant _____