NUTRITION VOLUNTEER HOURS — Tracking Form

Name: ______________ E-mail: ___________ SUID#: ___________ Semester/Year: ______

Employer: ____________________________________________
Supervisor’s Title: ____________________________________________________________________________
Supervisor’s First/Last Name: ____________________________________________________________________
Supervisor’s Phone Number: ______________________________________________________________________
Start Month: ____________________________
Start Year: ______________________________
End Month: ____________________________
End Year: ______________________________
Number of Weeks: _______________________
Hours per Week: _________________________
Position Type: __________________________
Paid \ Volunteer
Received Academic Credit: ___________
Yes \ No
Key Responsibilities: ____________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
Total Hours at this Experience: ___________

Name: ______________ E-mail: ___________ SUID#: ___________ Semester/Year: ______

Employer: ____________________________________________
Supervisor’s Title: ____________________________________________________________________________
Supervisor’s First/Last Name: ____________________________________________________________________
Supervisor’s Phone Number: ______________________________________________________________________
Start Month: ____________________________
Start Year: ______________________________
End Month: ____________________________
End Year: ______________________________
Number of Weeks: _______________________
Hours per Week: _________________________
Position Type: __________________________
Paid \ Volunteer
Received Academic Credit: ___________
Yes \ No
Key Responsibilities: ____________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
Total Hours: ____________________________

***** Make additional copies of above criteria as needed.

These volunteer hours are based on an honor system. You are not required to get a signature from anyone that you volunteer with. Once you list it in your application, you may be asked to explain your experience in an interview setting to dietetic internship directors.