

NUTRITION VOLUNTEER HOURS – Tracking Form

Name: _____ E-mail: _____ SUID#: _____ Semester/Year: _____

Agency: _____

Position Title: _____

Supervisor's First/Last Name: _____

Supervisor's Phone Number: _____

Start Date: _____

End Date: _____

Number of Weeks: _____

Hours per Week: _____

Position Type: Paid Volunteer

Received Academic Credit: Yes No

Key Responsibilities: _____

Total Hours: _____

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Agency: _____

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Supervisor's Phone Number: _____

Start Date: _____

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Number of Weeks: _____

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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.