

# PASADENA CITY COLLEGE RADIOLOGIC TECHNOLOGY

## Volunteer Hours Verification Form-36 required hours

**Applicant Instructions:**

1. Include this form with your application.
2. All signatures and phone numbers must be verifiable.
3. Missing information may be cause for non-consideration.
4. You must break down the hours between general x-ray and modalities. If you observe more than one modality in a day, separate the hours for verification purposes.

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Clinical Site \_\_\_\_\_

Clinical Site Address: \_\_\_\_\_

Clinical Site Phone Number of the Radiology Department \_\_\_\_\_

**Supervisor Instructions:**

1. Print your name and initial for verification purposes.
2. Provide a work number where you can be contacted.
3. Provide a work email address where you can be contacted.

Supervisor's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Email: \_\_\_\_\_

Date MM/DD/YY	Hours (8:00 – 4:00 = 8 hours)	Modality (General x-ray, CT, MRI, US)	Initials of Tech
<b>Total Volunteer Hours:</b>			