

Didactic Program in Nutrition & Dietetics

Volunteer/Work Hours for Portfolio

Circle which part of the portfolio these hours are for: Clinical Food Service Community Self-selected

Name _____ Date _____

Location _____

Type of Service Performed _____

Total Hours _____

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Please write briefly summary about your experience, and what you learned from this experience:

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STUDENT:

Signature _____ Date _____

SUPERVISOR:

Signature _____ Date _____

ADVISOR OR DP DIRECTOR:

Signature _____ Date _____