

**Didactic Program for Dietetics  
Volunteer Hours for Portfolio**

Name \_\_\_\_\_ Date \_\_\_\_\_

Location \_\_\_\_\_

Type of Service Performed \_\_\_\_\_

Supervisor \_\_\_\_\_

Start Time \_\_\_\_\_

Stop Time \_\_\_\_\_

Total hours \_\_\_\_\_

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Please write briefly about your experience, and how this experience has changed you, if at all:

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**STUDENT:**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Please sign in blue ink)

Print Name \_\_\_\_\_

**SUPERVISOR:**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Please sign in blue ink)

Print Name \_\_\_\_\_