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Colorado Christian University

Professional Education Partnership Program

Volunteer/Member Verification Form

This form verifies that the employee or volunteer is affiliated with a Care Net affiliate center. This must be signed by the Center Director at the affiliated center to confirm employment/volunteer status. Once completed, please send this form to your Enrollment Counselor or Student Service Advisor.

Center Name: _____

Address: _____

Center Director Name: _____

Student Name: _____

Student Email Address: _____

Student's Affiliation with the organization:

- Volunteer
 Member

I recommend this individual for admission to Colorado Christian University's College of Adult & Graduate Studies and verify that all information given in this form is true, accurate, and complete.

Yes No

By signing this document, I verify that the student named above is affiliated with a Care Net affiliate center in the capacity referenced above.

Center Director Signature

Date

Center Director Name Printed