

**Beebe Healthcare
Margaret H. Rollins School of Nursing**

Volunteer Hours Form

Indicate (✓): Listed on pre-approved activities Yes **OR** Pre-approved (Date)_____

Volunteer activity: Blood donation

Date of activity: 12/16/2021

Time frame of activity: 12:00 – 1:00 Total hours: 1

Student signature: Julia Jordan

Community representative name: Alex Miller

Community representative phone number: 240-893-2771

Description of Activity: I signed up to donate blood through the Blood Bank of Delmarva that Alex (second year student) helped organize. I came with my brother and sister and after answering a questionnaire, I was taken back to have blood taken! Afterwards, I had to stay and eat a snack and drink juice before I was allowed to leave.

**STUDENT ELECTRONIC SIGNATURE ON THIS FORM VERIFIES ATTENDANCE.
COMMUNITY REPRESENTATIVE NAME AND PHONE NUMBER MUST BE
PROVIDED FOR PERIODIC AUDIT VERIFICATION PURPOSES.**

Submit this form via email or hard copy to designated faculty member.