

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

**Volunteer Hours Form**

Indicate (☐): Listed on pre-approved activities \_\_\_\_☐\_\_\_\_ **OR** Pre-approved (Date)\_\_\_\_\_

Volunteer activity: Schellville – Little house reset \_\_\_\_\_

Date of activity: 12/29/2021 \_\_\_\_\_

Timeframe of activity: \_\_\_\_\_ Total hours: 1 hour \_\_\_\_\_

Student signature: Michelle Littleton \_\_\_\_\_

Community representative name: Alyssa Titus \_\_\_\_\_

Community representative phone number: \_\_\_\_\_

Description of Activity: \_\_Straighten, clean, and sanitize little houses at community event that helps raise awareness for the Harry K Foundation – working to defeat childhood hunger

\_\_\_\_\_  
\_\_\_\_\_

**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.** January 2022 :P&A (Volunteer Hours Form)