

Beebe Healthcare
Margaret H. Rollins School of Nursing
Nursing 201 – Nursing Care of Special Populations

2022 Volunteer Experiences

Indicate (✓): Listed on pre-approved activities or pre-approved by Dr. Baich _____

Volunteer activity: **Babysitter course**

Date of activity: **June 23, 2022**

Timeframe of activity: **0815-1615** Total Hours: **8**

Student signature: **Gianna Vayda SNB**

Community Representative Name: **Mrs. Lynch**

Community Representative Phone Number: _____

Description of Activity: **During this volunteer experience, I assisted staff members in greeting students and provided short tours for the students. Then, I encouraged and provided ideas for students' flyers', as well as demonstrated and educated the students on basic first aid while in the skills lab. Lastly, I assisted with both setting up and cleaning up at the conclusion of the class.**

**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 Edvance360 Drop Box or hard copy to Dr. Baich