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

**Volunteer Hours Form**

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

Volunteer activity: Rehoboth Health Fair

Date of activity: 2-25-2023

Timeframe of activity: 7am-3pm Total hours: 8 hours

Student signature: Ava Moroz

Community representative name: Amanda Bennet

Community representative phone number: (302) 645-3100 ext. 5059

Description of Activity: Checking in community members, blood glucose and cholesterol checks

**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.**