

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

Volunteer Hours Form

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

Volunteer activity: Health, Fitness, Leisure expo at Cape Henlopen High School _____

Date of activity: 3/11/23_____

Timeframe of activity: 0830-103 _____ Total hours: 2 hours

Student signature: Abby Olshenske_____

Community representative name: Stacie Gosting____

Community representative phone number:_____

Description of Activity: Helped check people in for health screenings and helped clean
equipment_____

**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.