

Beebe Healthcare
Margaret H. Rollins School of Nursing
Nursing 102 – Nursing Care of Adults

2023 Volunteer Hours Experience

Indicate (✓): Either listed on pre approved activities ___**___ OR Pre Approved (Date): _____

Volunteer activity: Spring Open House

Date of activity: April 17th, 2023

Timeframe of activity: 4-6pm

Total hours = 2

Student signature: Logan Clark

Community representative name: MHRSON

Community representative phone number: School phone number

Explain the rationale and/or benefits of this activity in respect to the community: Provided tours to possible incoming students and explaining the school's facility along with the course work that goes along with it. Provided answers to questions that the student and families had.

**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 Mrs. Zahner