

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

Volunteer Hours Form

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

Volunteer activity: _____ **Spring 2023 Open House** _____

Date of activity: _____ **April 17, 2023** _____

Timeframe of activity: _____ **1600-1800** _____ Total hours: **2 hours** _____

Student signature: _____ *G. Vayda SNB* _____

Community representative name: _____ **Dr. Watson** _____

Community representative phone number: _____

Description of Activity: _____ **Provided tours, answered questions, educated, and encouraged any individuals who were/are interested in the Margaret H. Rollins School of Nursing about our school and what it has to offer.** _____

**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.