

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

Volunteer Hours Form

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

Volunteer activity: **Beach trash clean up**

Date of activity: **April 23, 2023**

Timeframe of activity: **0930-1130** Total hours: **2**

Student signature: *G. Vayda SNB*

Community representative name: _____

Community representative phone number: _____

Description of Activity: **Walked the beach in the state park at Herring Point to fill a small trash bag with empty bottles, snack wrappers, left behind beach toys, and a few single flip flops.**

**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.