

BEEBE HEALTHCARE
MARGARET H. ROLLINS SCHOOL OF NURSING
Nursing 202 – Advanced Concepts of Nursing
Volunteer Form
2023

Indicate (√): Listed on **pre-approved activities** _____ or pre-approved by Mrs. Petito _____

Volunteer activity: _____ State Park Clean Up _____

Date of activity: _____ 04/25/2023 _____

Timeframe of activity: _____ 1pm-2pm _____ Total Hours: _____ 1hr _____

Student signature: _____ E.Joynt, SON _____

Community Representative Name: _____ N/A _____

Community Representative Phone Number: _____ N/A _____

Description of Activity: _____ Walking through the state park while cleaning up trash and litter to help keep the community clean. _____

** I can show a picture of my watch if needed (:

**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 Edvance360 Drop Box or hard copy to Mrs. Petito