

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 √ (4/25/23)

Volunteer activity: Kent County Community School

Date of activity: 4/26/23

Timeframe of activity: 0800-1200 _____ Total Hours: 4

Student signature: Abby Olshenske

Community Representative Name: Paula Carey _____

Community Representative Phone Number: 302-672-1960

Description of Activity: Assisted teacher with classroom activities that helped enhanced learning with special needs children.

**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