

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: Food bank of Delaware: Milford

Date of activity: 5/5/23 _____

Timeframe of activity: 9am-12pm _____ Total Hours: 3

Student signature: Sara Robinson _____

Community Representative Name: Aaron Stone _____

Community Representative Phone Number: 302-424-3301 _____

Description of Activity: Checked expiration dates of food donations and sorted donations according to food grouping list.

**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