Beebe Healthcare
Margaret H. Rollins School of Nursing

Volunteer Hours Form

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

Volunteer activity:___Baby-sitter Course_____

Date of activity:_____July 17th, 2023_____

Timeframe of activity:_____8-3:30_____Total hours:___8_____

Student signature:___Kali Barnes_____

Community representative name:___Danielle Blankenship_____

Community representative phone number:_____

Description of Activity:___Led stations and assisted in activities._____

_____

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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.