

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

**Volunteer Hours Form**

Indicate (✓): Listed on pre-approved activities \_\_\_X\_\_\_ **OR** Pre-approved (Date)\_\_\_\_\_

Volunteer activity: Employee Flu Clinic

Date of activity: September 25<sup>th</sup>, 2023

Timeframe of activity: 5-6pm Total hours: 1

Student signature: Kali Barnes

Community representative name: Allison Watson

Community representative phone number: \_\_\_\_\_

Description of Activity: Administered flu vaccines and educated patients about if they are eligible to take the vaccine at this time, side effects and any allergies that may stop them from being able to get the vaccine.

**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.**

