

**Beebe Healthcare**  
**Margaret H. Rollins School of Nursing**  
**Nursing 201 – Nursing Care of Special Populations**

**2023 Volunteer Experiences**

Indicate (✓): Listed on pre-approved activities \_\_\_\_\_ or pre-approved by Mrs. Zahner \_\_\_\_\_

Volunteer activity: \_\_\_\_\_ Church event \_\_\_\_\_

Date of activity: \_\_\_\_\_ 10/21/23 \_\_\_\_\_

Timeframe of activity: \_\_\_\_\_ 5:00 - 14:00 \_\_\_\_\_ Total Hours: \_\_\_\_\_ 9 hours \_\_\_\_\_

Student signature: \_\_\_\_\_ *Sheila Velasquez Diaz* \_\_\_\_\_

Community Representative Name: \_\_\_\_\_ Alejandro Velasquez \_\_\_\_\_

Community Representative Phone Number: \_\_\_\_\_ 302-362-3709 \_\_\_\_\_

Description of Activity: \_\_\_\_\_ The purpose of this event was to raise funds to help out other churches that are dealing with financial issues. With this event we had to prepare different types of food and sell them through out the day. With the money that was raised we also sent them to other poor developing countries that need money to build their own church. \_\_\_\_\_

**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. Zahner**