

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

**Volunteer Hours Form**

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

Volunteer activity: Blood donation-Blood bank Delmarva

Date of activity: 11/11/23

Timeframe of activity: 1030-1245 Total hours: 2 hours

Student signature: 

Community representative name: Dawn west

Community representative phone number: 302-737-7003

Description of Activity: During my visit I donated 2 products of platelets and 2 plasma products. This helps my community because a single donation of platelets can yield several transusable units, this takes a longer time to donate then whole blood donation.

**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.**