

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

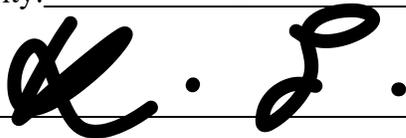
Volunteer Hours Form

Indicate (✓): Listed on pre-approved activities _____ **OR** Pre-approved (Date) 1/30/24

Volunteer activity: Healthcare Exploratory Day

Date of activity: 1/30/2024

Timeframe of activity: 9am-1pm Total hours: 4

Student signature: 

Community representative name: Dr. Alison Watson

Community representative phone number: _____

Description of Activity: As a volunteer, I was in charge of collaborating with other fellow volunteers in order to direct the flow of the students coming on to the 2nd floor so that they could visit both simulation rooms and make sure they visited PT/ OT/ Speech guest speakers and EMT that was on site. I also kept track of time to make sure they spent 20 minutes in each room as well as 40 min. in each room.

**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.