

**Beebe Healthcare**  
**Margaret H. Rollins School of Nursing**  
**Nursing 102 – Nursing Care of Adults**

**2024 Volunteer Hours Experience**

Indicate (✓): Either listed on pre approved activities \_\_\_\_\_ OR Pre Approved (Date): 1/31/24

Volunteer activity: Healthcare Exploratory Day

Date of activity: 1/30/24

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

Student signature: \_\_\_\_\_

Community representative name: Dr. Alison Watson ■

Community representative phone number: N/A

Explain the rationale and/or benefits of this activity in respect to the community: \_\_\_\_\_

In retrospect to the community, the benefits of this activity is to have different people who work in the hospital, nursing/ medical or allied health to come and demonstrate possible health care areas that the juniors and seniors could be interested in. This purpose was to peak the interest of the students to inspire them to pursue an education in healthcare.

**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 Mrs. Zahner**