

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

Volunteer Hours Form

Indicate (✓): Listed on pre-approved activities x **OR** Pre-approved (Date) _____

Volunteer activity: Blood Donation

Date of activity: 1/30/2023

Timeframe of activity: 1645-1745 Total hours: 1

Student signature: Johan Blake

Community representative name: Blood Bank of Delmarva

Community representative phone number: +1 (888) 825-6638

Description of Activity: Donated blood to help others who are in need

**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.