

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): _____

Volunteer activity: _____ Costa Rica Medlife service trip _____

Date of activity: _____ 1/20/2024-1/29/2024 _____

Timeframe of activity: _____ 1 week _____ Total hours = _____

Student signature: _____ Ashley DeRicco _____

Community representative name: _____ Jhon---- Dr. Buoni and Mrs. Zahner _____

Community representative phone number: _____ 302-645-3251 _____

Explain the rationale and/or benefits of this activity in respect to the community. To aid in communities in third-world country that lacks 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