BEEBE HEALTHCARE

MARGARET H. ROLLINS SCHOOL OF NURSING

Nursing 202 – Advanced Concepts of Nursing

Volunteer Form

2024

Indicate (√): Listed on pre-approved activities **X** or pre-approved by Mrs. Petito _

Volunteer activity: Blood Donation

Date of activity: 04/13/2024

Timeframe of activity: 0945-1045 Total Hours: 1

Student signature: Logan Clark

Community Representative Name: Blood Bank of Delmarva- Dagsboro

Community Representative Phone Number: (888) 825-6638

Description of Activity: Donated whole blood to help people and local hospitals that are in need of blood

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 Edvance360 Drop Box or hard copy to Mrs. Petito