

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

Volunteer Hours Form

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

Volunteer activity: Helped prepare food to raised funds at church.

Date of activity: 3/30/24

Timeframe of activity: 5:30 am- 11pm Total hours: 5.5 hours

Student signature: Sheila Velasquez

Community representative name: Alejandro Velasquez

Community representative phone number: (302) 362-3709

Description of Activity: Assisted to prepare and packed meals to help raise funds for the church.

As well helped cleaned.

**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.