

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

Volunteer Hours Form

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

Volunteer activity: Food Bank (Packed Child meal Kits)

Date of activity: 1/29/24

Timeframe of activity: 9 am-12 pm Total hours: 3 hours

Student signature: Sheila Velasquez

Community representative name: Jaxson Turner

Community representative phone number: (302) 424-3301 ext: 167

Description of Activity: Spent 3 hours putting together different items of food to make breakfast and lunch for school kids to have food on weekend.

**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.