

BEEBE HEALTHCARE  
**MARGARET H. ROLLINS SCHOOL OF NURSING**  
Nursing 202 – Advanced Concepts of Nursing  
Volunteer Form  
2024

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

Volunteer activity: Philip C. Showell Elementary School Nursing Office & Kindergarten Classroom

Date of activity: 4/25 & 4/26

Timeframe of activity: 4/25 (1145-1445) & 4/26 (0800-1100) Total Hours: 6

Student signature: Logan Clark

Community Representative Name: Phillip C. Showell Elementary School

Community Representative Phone Number: 302-436-1040

Description of Activity: Provided assistance in the nurses office as well as provide care in the kindergarten classroom with Mrs. Evans.

**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**