

**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

Date of activity: 5/4/24

Timeframe of activity: 8:00am - 11:15 Total hours: 3.15

Student signature: Stuilymbell

Community representative name: Food Bank of Delaware

Community representative phone number: 302-424-3301

Description of Activity: Milford Health Pantry

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**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.**