

Beebe Healthcare
Margaret H. Rollins School of Nursing
Nursing 102 – Nursing Care of Adults

2024 Volunteer Hours Experience

Indicate (☐): Either listed on pre-approved activities OR Pre-Approved (Date): _____

Volunteer activity: Senior Graduation

Date of activity: 5/22

Timeframe of activity: _____ Total hours = 3

Student signature: Chloe D Jyluister

Community representative name: _____

Community representative phone number: _____

Explain the rationale and/or benefits of this activity in respect to the community: _____

Guide parents/families of seniors to their seats,
hand out pamphlets.

**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 Mrs. Zahner

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Indicate (☐): Either listed on pre-approved activities OR Pre-Approved (Date): _____

Volunteer activity: Babysitters Course

Date of activity: 7/10

Timeframe of activity: 8-3 Total hours = 8

Student signature: Chloe D Jylueter

Community representative name: _____

Community representative phone number: _____

Explain the rationale and/or benefits of this activity in respect to the community: _____

Help teach teenagers about safety + basics of babysitting.

Help run simulations + safety demonstrations.

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Indicate (☐): Either listed on pre-approved activities OR Pre-Approved (Date): _____

Volunteer activity: Packing Hygiene Bags

Date of activity: 5/14 - with Shepherds Office Shelter

Timeframe of activity: 12-2 pm Total hours = 2

Student signature: Chloe D Sylvester

Community representative name: Jim Martin

Community representative phone number: 302-858-8556

Explain the rationale and/or benefits of this activity in respect to the community: _____

I provided supplies to lead a group of people to aid packing up 50 hygiene bags full of products like soap, shampoo/conditioners, toothbrushes and toothpaste for members of the homeless shelter.

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Indicate (☐): Either listed on pre-approved activities OR Pre-Approved (Date): _____

Volunteer activity: Lab Tours

Date of activity: 8/15

Timeframe of activity: 9-12 Total hours = 3

Student signature: Chloe D Sylvester

Community representative name: _____

Community representative phone number: _____

Explain the rationale and/or benefits of this activity in respect to the community: _____

Help welcome 1st years and provide tours of our lab facilities.

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Indicate (☐): Either listed on pre-approved activities OR Pre-Approved (Date): _____

Volunteer activity: Aid Basic Skills Labs/Open Labs

Date of activity: 8/19 - 8/20

Timeframe of activity: _____ Total hours = 6

Student signature: Chloe D Sylvester

Community representative name: _____

Community representative phone number: _____

Explain the rationale and/or benefits of this activity in respect to the community: _____

Help run lab skills practice of getting the patient on the bed pan, providing a bed bath, and changing the linens. Explain TAPs device, facilitate foley care.

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