

Beebe Healthcare
Margaret H. Rollins School of Nursing
Nursing 201 – Nursing Care of Special Populations

2024 Volunteer Experiences

Indicate (✓): Listed on pre-approved activities or pre-approved by Mrs. Zahner

Volunteer activity: senior graduation

Date of activity: 5/22/24

Timeframe of activity: _____ Total Hours: 3

Student signature: Caroline Mamm

Community Representative Name: Mrs. Wingate

Community Representative Phone Number: _____

Description of Activity: helped handout pamphlets
to parents and family members.

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. Zahner

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Indicate (✓): Listed on pre-approved activities or pre-approved by Mrs. Zahner

Volunteer activity: babysitter course

Date of activity: 6/9/24

Timeframe of activity: _____ Total Hours: 6

Student signature: Caroline Mance

Community Representative Name: Dr. Blankenship

Community Representative Phone Number: _____

Description of Activity: helped with stations at the
babysitter course.

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Indicate (✓): Listed on pre-approved activities or pre-approved by Mrs. Zahner

Volunteer activity: basic care boot camp

Date of activity: _____

Timeframe of activity: 12:30-4:30 Total Hours: 4

Student signature: Caroline Maul

Community Representative Name: _____

Community Representative Phone Number: _____

Description of Activity: helped Mrs. Snyder with the
first years bed baths, linen changes, and
how to properly use the bed pan.

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