

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: skills lab tours for 1st year students

Date of activity: 8/15/24

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

Student signature: Lillian Cook

Community Representative Name: Mrs. Petito

Community Representative Phone Number: _____

Description of Activity: I provided tours to the entire first-year class of the skills labs and provided information on the labs and equipment that is available for use throughout the entire school year.

**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

