

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: Beebe Babysitting Class

Date of activity: 7/10/24

Timeframe of activity: 0800-1600 Total Hours: 8

Student signature: Amanda Benson

Community Representative Name: Dr. Blankenship

Community Representative Phone Number: _____

Description of Activity: Assisted babysitting participants with orientation to the building, where to put their lunch, bathrooms, water stations, classrooms, and SIM labs. Helped at the CPR station.

**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