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: 2024 Graduation

Date of activity: May 22nd, 2024

Timeframe of activity: 16:30 p.m. to 19:30 pm____Total Hours:3 hrs_____

Student signature:_____

Community Representative Name: Mrs. Jennifer Wingate

Community Representative Phone Number: N/A

Description of Activity: Handed out programs to families and visitors, welcomed them as they walked inside ceremony_____

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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 Edvance360 Drop Box or hard copy to Mrs. Zahner