

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: Basic Care week

Date of activity: Tuesday 8/20/24

Timeframe of activity: 1230-1630: Total Hours: 4

Student signature:

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Community Representative Name: Mrs. Mackenzie Helsel

Community Representative Phone Number: N/A

Description of Activity: Assisted first year students with bed bath skills and pressure injuries w/ foleys; Stayed back with open lab to help clear up any confusion on skills to help them perfect basic care skills.

**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