

Beebe Healthcare
Margaret H. Rollins School of Nursing
Nursing 102 – Nursing Care of Adults

2024 Volunteer Hours Experience

Indicate (☐): Either listed on pre-approved activities OR Pre-Approved (Date): _____

Volunteer activity: Open House

Date of activity: 11/21

Timeframe of activity: 1600-1800 Total hours = 2

Student signature: Chloe Sylvester

Community representative name: Faculty

Community representative phone number: _____

Explain the rationale and/or benefits of this activity in respect to the community: _____

welcome prospective students, provide tours, answer questions

**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 email or hard copy to Mrs. Zahner