Beebe Healthcare
Margaret H. Rollins School of Nursing

Volunteer Hours Form

Indicate (✓): Listed on pre-approved activities _____ **OR** Pre-approved (Date) 10/23/24

Volunteer activity: Mountaire Thanksgiving for Thousands

Date of activity: 11/23/24

Timeframe of activity: 7:15-12:30 Total hours: 5 hours 15 minutes

Student signature: Katelyn Milligan

Community representative name: Zach Evans

Community representative phone number: _____

Description of Activity: During this activity, I packed up thousands of cans of green beans and put them into Mountaire boxes that would then go down the conveyer belt for the next items to be packed. Doing this was to help the community and those less fortunate so that they could have a thanksgiving meal. This activity made me feel like I was actually helping those less fortunate, and it is something I will plan on doing again.

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 designated faculty member.