

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: MHR Open House

Date of activity: 11/21/24

Timeframe of activity: 4-6pm Total Hours: 2

Student signature: Lillian Cook

Community Representative Name: Dr. Baich

Community Representative Phone Number: _____

Description of Activity: Helped provide tours and information about MHR SON. I also provided information about SCO events and the Service Learning Trip.

**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