

BEEBE HEALTHCARE
MARGARET H. ROLLINS SCHOOL OF NURSING
Nursing 202 – Advanced Concepts of Nursing
Volunteer Form
2025

Indicate (✓): Listed on pre-approved activities or pre-approved by Mrs. Petito _____

Volunteer activity: Healthcare Exploration Day at MHRSON

Date of activity: 12/17/2024

Timeframe of activity: 0830 - 1300 Total Hours: *8 (per Dr. Watson)

Student signature: Ryan Claggett

Community Representative Name: Dr. Watson

Community Representative Phone Number: _____

Description of Activity: Assisted w/ guiding high school students through

healthcare stations setup by the Beebe hospital departments and its partners. Also

assisted w/ breaking down the tables and chairs and cleaning up any trash

or signs that were hung up for the event.

ALL SUBMISSIONS MUST BE MADE WITHIN ONE WEEK OF COMPLETING THE ACTIVITY, OR WITHIN ONE WEEK OF RETURN TO SCHOOL, IF COMPLETED BETWEEN SEMESTERS. VOLUNTEER HOURS SUBMITTED OUTSIDE OF THIS TIME FRAME WILL NOT BE ACCEPTED!

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. Petito