

**Beebe Healthcare  
Margaret H. Rollins School of Nursing**

**Volunteer Hours Form**

Indicate (✓): Listed on pre-approved activities  **OR** Pre-approved (Date) \_\_\_\_\_

Volunteer activity: Rehoboth marathon water stop

Date of activity: 12/7/24

Timeframe of activity: 10:00 am - 1:00 pm Total hours: 3

Student signature: Karmin Maul

Community representative name: Monique Bamforth / Karen Maul

Community representative phone number: Karen Maul: 302-745-3696

Description of Activity: Helped hand out water/gatorade to marathon and half marathon runners and cleaned up trash along the course.

**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.**

**Beebe Healthcare  
Margaret H. Rollins School of Nursing**

**Volunteer Hours Form**

Indicate (✓): Listed on pre-approved activities  **OR** Pre-approved (Date) \_\_\_\_\_

Volunteer activity: food bank of Delaware

Date of activity: 1/29/25

Timeframe of activity: 1:00 pm - 4:00 pm Total hours: 3

Student signature: Caroline Mauer

Community representative name: Aaron Stone

Community representative phone number: Astone@fbcd.org

Description of Activity: Packed boxes of canned goods for people in need.

**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.**

**Beebe Healthcare  
Margaret H. Rollins School of Nursing**

**Volunteer Hours Form**

Indicate (✓): Listed on pre-approved activities ✓ **OR** Pre-approved (Date) \_\_\_\_\_

Volunteer activity: blood donation

Date of activity: 1/13/25

Timeframe of activity: — Total hours: 1

Student signature: Caroline Maul

Community representative name: N/A

Community representative phone number: N/A

Description of Activity: Made blood donation at the Rehoboth Convention Center.

**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.**

[HOME](#)[DONATE NOW](#)[MY APPOINTMENTS](#)[MY DONATIONS](#)[RATE OUR STAFF](#)[MY ACCOUNT](#)[LOG OUT](#)

## Donor Snapshot



### Welcome CAROLINE :

Donor ID - 655846  
Blood Type - A Positive

### Recruitment:

Whole Blood - 03/10/2025  
Double Red - 03/10/2025  
Platelets - 03/10/2025  
Plasma - 03/10/2025

### Last Donation:

Date - 01/13/2025  
Procedure - Whole Blood  
Type - Blood Drive  
Location - City of Rehoboth Beach

### Donations:

## My Donations

Your most recent lifesaving donations are listed below. Thank you for helping us save lives in our community!

[View older donations \(through November, 1997\)](#)

01/13/2025

**Procedure Type:** Whole Blood

**Location Type:** Blood Drive

**Location:** City of Rehoboth Beach

[Take Survey](#)

02/01/2024

**Procedure Type:** Whole Blood

**Location Type:** Blood Drive

**Location:** Georgetown CHEER

11/22/2023

**Procedure Type:** Whole Blood

**Location Type:** Blood Drive

**Location:** Georgetown CHEER