

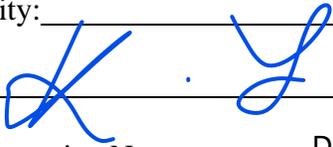
BEEBE HEALTHCARE
MARGARET H. ROLLINS SCHOOL OF NURSING
Nursing 202 – Advanced Concepts of Nursing
Volunteer Form
2025

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

Volunteer activity: MHR Open House

Date of activity: 11/21/2024

Timeframe of activity: _____ Total Hours: 8

Student signature:  _____

Community Representative Name: Dr. Alison Watson

Community Representative Phone Number: N/A

Description of Activity: _____

As a senior nursing student, I assisted with tours around MHR for prospective students and explained any questions they had about the nursing program and what they could possibly expect as students. I also helped manage traffic by directing groups to where they should go and kept the flow going.

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