

BEEBE HEALTHCARE
MARGARET H. ROLLINS SCHOOL OF NURSING
Nursing 102 – Nursing Care of Adults
Volunteer Form
2025

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

Volunteer activity: Healthcare exploration day

Date of activity: 12/17/24

Timeframe of activity: 0830-1300 Total Hours: 8

Student signature: Noelle Benson

Community Representative Name: Alison Watson

Community Representative Phone Number/email: awatson@beebehealthcare.org

Description of Activity: Helped students move from each station as well as setting up and breaking down the stations.

***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. Zahner