

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

Volunteer Hours Form

Indicate (✓): Listed on pre-approved activities _____ **OR** Pre-approved (Date) x- 01/09/25

Volunteer activity: Inform Middletown High School Healthcare pathway students about BSON

Date of activity: 01/31/2025

Timeframe of activity: 11am-1pm Total hours: 2

Student signature: Courtney David

Community representative name: Debbie Otto

Community representative phone number: 302-376-4141

Description of Activity: _____

Prepared a power point show casing BSON to two different high school classes, a junior level class and senior level class. Educated on opportunities that BSON offers, gave in-site into the program and the high level of nursing skill we are offered. As well as, assisted with cleaning and organizing the med supply room and throwing out expired supplies.

**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.