

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

Volunteer Hours Form

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

Volunteer activity: Church event IHM

Date of activity: January 21, 2025

Timeframe of activity: 8am-10am Total hours: 2hr

Student signature: Elizabeth Masci

Community representative name: Kathy Dunworth

Community representative phone number: 302.383.6452

Description of Activity: cooking chili with Immaculate Heart of Mary Church for Emmanuel dining hall

**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.