

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

Volunteer Hours Form

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

Volunteer activity: open house

Date of activity: 4/7/25

Timeframe of activity: 4-6 pm Total hours: 2 hours

Student signature: Caroline Mannel

Community representative name: faculty

Community representative phone number: _____

Description of Activity: gave tours to prospective students

**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.