

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: open house

Date of activity: 4/17

Timeframe of activity: 4-6 PM Total Hours: 2

Student signature: Chloe D Sylvestre

Community Representative Name: Faculty

Community Representative Phone Number: \_\_\_\_\_

Description of Activity: \_\_\_\_\_

welcome prospective students, provide tours, answer questions

**\*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**