

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: 4/7/2025

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

Student signature: Hannah Collier

Community Representative Name: Faculty

Community Representative Phone Number: N/A

Description of Activity: Assisted w/ tours for prospective students.

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