

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 Tours

Date of activity: 4/7

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

Student signature: Paul Ditz SON

Community Representative Name: Dr. Watson

Community Representative Phone Number: SON

Description of Activity: Provide tours to potential
first years during open house night.

ALL SUBMISSIONS MUST BE MADE ELECTRONICALLY VIA DROPBOX 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