

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: 4/7/25

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

Student signature: Courtney David

Community Representative Name: Faculty

Community Representative Phone Number: _____

Description of Activity: _____

Provided tours of the school of nursing, provided information of
SCO to potential students at the school. Encouraged the school of
nursing.

***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