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 X

Volunteer activity: Open house

Date of activity: 4/7/2025

Timeframe of activity: 4-6 Total Hours: 2

Student signature: Jaylee Backus

Community Representative Name: Faculty

Community Representative Phone Number: _____

Description of Activity: Volunteered at the MHR SON table that was set up to greet perspective students and families.

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