

**Beebe Healthcare
Margaret H. Rollins School of Nursing**

Volunteer Hours Form

Indicate (✓): Listed on pre-approved activities ✓ OR Pre-approved (Date) _____

Volunteer activity: Open house

Date of activity: Monday, April 7th

Timeframe of activity: 4-6 Total hours: 2

Student signature: *Destiny Kinn*

Community representative name: Allison Watson

Community representative phone number: N/A

Description of Activity: Provided tours and answered any questions to prospective students.

**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 email or hard copy to designated faculty member.