

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

Volunteer Hours Form

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

Volunteer activity: Open House

Date of activity: 4/7

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

Student signature: Lacy Bayley

Community representative name: MHRSON

Community representative phone number: _____

Description of Activity: Toured 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.