

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: 4/7/2025

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

Student signature: Lillian Cook

Community representative name: Mrs. Petito

Community representative phone number: _____

Description of Activity: Provided tours and explained simulation labs to people interested in MHR SON.

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.