Beebe Healthcare
Margaret H. Rollins School of Nursing

Volunteer Hours Form

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

Volunteer activity: Autism Monster Mile Walk

Date of activity: 4/12/25

Timeframe of activity: 12:00-1:00 pm Total hours: 1

Student signature: Caroline Mauell

Community representative name: Dr. Buoni & Mrs. Zahner

Community representative phone number: —

Description of Activity: Walked the monster mile in for autism awareness.

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.