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 _____

Volunteer activity: Autism monster mile walk

Date of activity: 4/12

Timeframe of activity: 1200-1300 Total Hours: 1

Student signature: Chloe D Sylvester

Community Representative Name: Mrs. Zanner + Dr. Buoni

Community Representative Phone Number: _____

Description of Activity: Walk to raise awareness for Autism

***ALL SUBMISSIONS MUST BE MADE 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**

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2025

Indicate (√): Listed on pre-approved activities ✓ or pre-approved by Mrs. Petito _____

Volunteer activity: Legislative Roundtable with Dr. Pickard

Date of activity: 4/11

Timeframe of activity: 2-3:30 Total Hours: 1.5

Student signature: Chloe D. Sylvester

Community Representative Name: Dr. Pickard

Community Representative Phone Number: _____

Description of Activity: Represented MHR SON to Senator Lisa Blunt Rochester and members of Congress to give the Student perspective on current nursing workforce in DE.

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