

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: Nicolas Dine & Donate

Date of activity: 4/14/2025

Timeframe of activity: 4:30 - 8:30 pm Total Hours: 4 hours

Student signature: Hannah Cole

Community Representative Name: Dr. Byoni

Community Representative Phone Number: N/A

Description of Activity: Assisted w/ 50/50 raffle and silent auction
at Nicolas' Dine and donate event.

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