

Beebe Healthcare
Margaret H. Rollins School of Nursing

Volunteer Hours Form

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

Volunteer activity: Nicolas SLT

Date of activity: fundraiser

Timeframe of activity: 4:30-7:30

Total hours: 3

Student signature: Lillian Cook

Community representative name: Dr. Buoni

Community representative phone number: _____

Description of Activity: _____ Raised awareness to silent auctions and 50/50 raffles to raise money for the next SLT to Costa Rica. _____

**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.

January 2022

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