

**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 fundraiser

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Date of activity: 4/14/25

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Timeframe of activity: 4:30-7:30 Total hours: 3

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Student signature: Lillian Cook

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Community representative name: Dr. Buoni

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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. \_\_\_\_\_

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**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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