

**Beebe Healthcare
Margaret H. Rollins School of Nursing**

Volunteer Hours Form

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

Volunteer activity: Milford Food Bank

Date of activity: 4/21/25

Timeframe of activity: 11-1:15 Total hours: 2.25

Student signature: Lacy Bayley

Community representative name: Amanda, Aaron Stone

Community representative phone number: 3024243301

Description of Activity: Helped stock the community food pantry, helped lead those around the store
grabbing the proper amount of food, bagging, and carrying to their cars.

**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.