

BEEBE HEALTHCARE
MARGARET H. ROLLINS SCHOOL OF NURSING
Nursing 102 – Nursing Care of Adults
Volunteer Form
2025

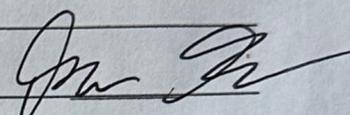
Indicate (✓): Listed on pre-approved activities or pre-approved by Mrs. Zahner _____

Volunteer activity: Prep for Easter Sunday Service

Date of activity: 4/19/25

Timeframe of activity: 10:00-11:00 am Total Hours: 1

Student signature: Pilly Taylor

Community Representative Name: JORDAN FORSTOW 

Community Representative Phone Number: 305-448-5328

Description of Activity: I helped to sort & decorate all of the flower arrangements around the sanctuary. I also helped to set up the stage for the children's program.

***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. Zahner