

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

Volunteer Hours Form

Indicate (✓): Listed on pre-approved activities _____ **OR** Pre-approved (Date) April 6th

Volunteer activity: Beachfront Clinic

Date of activity: April 28th

Timeframe of activity: 1-5 Total hours: 4

Student signature: Gabriella Robertson

Community representative name: Michelle Banks

Community representative phone number: 302-339-1126

Description of Activity: _____
Helped take clients back to room, took clients vital signs, weight, background, and their chief complaint. Cleaned at the end of the day.

**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.