

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: PACT Night with Family Literacy Program

Date of activity: 4/30/25

Timeframe of activity: 6:00-8:30 pm Total Hours: 2.5 hrs

Student signature: Riley Taylor

Community Representative Name: Christina Burton

Community Representative Phone Number: 302-542-9905

Description of Activity: I helped the kids do their
homework^{@6:00} and then at 6:45 we went to
watch a short movie before the families dispersed
into stations. I was with the cornhole station
where I helped teach family to play cornhole.

***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