

Beebe Healthcare
Margaret H. Rollins School of Nursing

Volunteer Hours Form

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

Volunteer activity: Food Bank of Delaware (Health Pantry)

Date of activity: 5/3/25

Timeframe of activity: 8:30 - 11:15 Total hours: 3

Student signature: Dorothy Kommu

Community representative name: Amanda Foulger

Community representative phone number: 302-424-3301 x 165

Description of Activity: Assisted community members with their shopping experience and stocked items.

**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.