

BEEBE HEALTHCARE
MARGARET H. ROLLINS SCHOOL OF NURSING
Nursing 202 – Advanced Concepts of Nursing
Volunteer Form
2025

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

Volunteer activity: Volunteer room at Milford Foodbank

Date of activity: 5/5

Timeframe of activity: 1-4 Total Hours: 3

Student signature: Destiny Klinger

Community Representative Name: Meg Carrol

Community Representative Phone Number: (302) 573-1818

Description of Activity: _____

This activity involved working on an assembly line to put foods and drinks together in bags that were then sealed and placed in boxes. This was done for multiple boxes that would then be distributed to those that need them.

ALL SUBMISSIONS MUST BE MADE ELECTRONICALLY VIA DROPBOX 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. Petito