

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

Volunteer Hours Form

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

Volunteer activity: Schwartz Rounds

Date of activity: 5/7

Timeframe of activity: 12:15 - 1 pm Total hours: 1

Student signature: Hannah Collet

Community representative name: N/A

Community representative phone number: N/A

Description of Activity: Attended Schwartz
Rounds.

**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.