

Beebe Healthcare
Margaret H. Rollins School of Nursing
Nursing 201 – Nursing Care of Special Populations

2025 Volunteer Experiences

Indicate (√): Listed on pre-approved activities X or pre-approved by Mrs. Zahner ___

Volunteer activity: Skill Lab.

Date of activity: 8/16/25

Timeframe of activity: 1-2 Total Hours: 1

Student signature: Lillian Maslauskas

Community Representative Name: Mr. Tony

Community Representative Phone Number: _____

Description of Activity: _

Assisting Mr. Tony in the skills lab with the mannequin arms for the IV lab.

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