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: SIM LAB TOUR

Date of activity: AUGUST 14

Timeframe of activity: 3 HOURS Total Hours: 3 HOURS

Student signature: Gabriella Robertson

Community Representative Name: Mrs. Petito

Community Representative Phone Number: _____

Description of Activity: showed first year students the sim labs on their first day of school

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