

Beebe Healthcare
Margaret H. Rollins School of Nursing

Volunteer Hours Form

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

Volunteer activity: RIVERWALK FREEDOM FESTIVAL

Date of activity: 09/20/2025

Timeframe of activity: Total hours: 1000-1200 (2 HOURS)

Student signature: 

Community representative name: CRISTEN OWENS

Community representative phone number: 302-645-3100

Description of Activity: VOLUNTEERING TO REPRESENT BEEBE HEALTHCARE
TO THE COMMUNITY. I HANDED OUT INFORMATIONAL PAMPHLETS
AS WELL AS TALKED ABOUT MY INVOLVEMENT IN THE
BEEBE NURSING PROGRAM.

**STUDENT 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, dropbox, or hard copy to designated faculty member.

