

Beebe Healthcare
Margaret H. Rollins School of Nursing

Volunteer Hours Form

Indicate (✓): Listed on pre-approved activities _____ OR Pre-approved (Date) 10/11/25 (9/29/25)

Volunteer activity: DEFC Recreational Soccer Coaching

Date of activity: 10/11/25

Timeframe of activity: Total hours: 4 hrs - 8:00-12:00

Student signature: Mari

Community representative name: Steve Kilby

Community representative phone number: (302) 745-8839

Description of Activity: Organizing & teaching skills to young, novice soccer players before setting up and monitoring play in a scrimmage-like atmosphere.

**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.