Beebe Healthcare
Margaret H. Rollins School of Nursing

Volunteer Hours Form

Indicate (✓): Listed on pre-approved activities ____ OR Pre-approved (Date) 10/25

Volunteer activity: Sea Witch

Date of activity: 10/25

Timeframe of activity: Total hours: 9am - 1pm 4hrs

Student signature:

Community representative name: Cristen Owen

Community representative phone number: cowen@beebehealthcare.org

Description of Activity: rep. Beebe and provide info about epic / hand out candy to cute kids :)

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.