

Beebe Healthcare
Margaret H. Rollins School of Nursing

Volunteer Hours Form

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

Volunteer activity: Southern Delaware Heart walk

Date of activity: 11/3/25

Timeframe of activity: Total hours: 1 hr

Student signature: W. Graber

Community representative name: Zita Pennypacker / County

Community representative phone number: 302-537-0900 x1501 Banc

Description of Activity: Benefits American Heart Association

**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.