

**Beebe Healthcare  
Margaret H. Rollins School of Nursing  
Nursing 201 – Nursing Care of Special Populations**

**2025 Volunteer Experiences**

Indicate (√): Listed on pre-approved activities  or pre-approved by Mrs. Zahner

Volunteer activity: **Food Bank of Delaware**

Date of activity: **November 12<sup>th</sup>, 2025**

Timeframe of activity: **1:00-4:00 pm** Total Hours: **3**

Student signature:   
Community Representative Name: **Aaron Stone**

Community Representative Phone Number: **Astone@fbd.org**

Description of Activity: **I volunteered at the food bank, where I helped prepare bags for school lunch programs, packaged fresh plums, and assisted with organizing and breaking down boxes.**

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**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**