Beebe Healthcare

Margaret H. Rollins School of Nursing

Volunteer Hours Form

Indicate (✓): Listed on pre-approved activities ____ OR Pre-approved (Date) 8/28

Volunteer activity: Annual 5K at Nicola Pizza

Date of activity: 11/8/25

Timeframe of activity: Total hours: 0700-1000

Student signature: [signature]

Community representative name: Kelly Small

Community representative phone number: (302) 245-5911

Description of Activity: Set-up + facilitated 5K, safety for participants, clean-up.

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.

D100