

**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: **Volunteer at Medical Oncology Hematology Consultants in Middletown**

Date of activity: **November 10<sup>th</sup>, 2025**

Timeframe of activity: **12:30-4:30pm**

Total Hours: **4hr**

Student signature: 

Community Representative Name: **Jennifer Pugh NP**

Community Representative Phone Number: **302-753-0746**

Description of Activity: **Assist patients by offering directions/checking into room, providing comfort and support. Help staff with basic tasks such as organizing supplies, preparing patient areas, and maintaining a welcoming environment.**

**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**