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 _x_

Volunteer activity: Beachfront Clinic

Date of activity: 11/17/2025

Timeframe of activity: 10AM-2PM Total Hours: 4

Student signature: Gabriella robertson

Community Representative Name: Michelle Banks

Community Representative Phone Number: 3023391126

Description of Activity:

Helped bring patients back, did vital signs, cleaned rooms after wellness visit, assisted in office tasks such as answering the phone, making new appointments

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