

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

**2025 Volunteer Experiences**

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

Volunteer activity:  MHR SON Open House

Date of activity:  11/20/2025

Timeframe of activity:  4pm-6pm  Total Hours:  2 hours

Student signature:  *Madison Barber*

Community Representative Name:  Allison Watson

Community Representative Phone Number:

Description of Activity:

Provided an overview of student council and our   
 upcoming service-learning trip to the interested stude   
 going on tours of our school.

**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**