

BEEBE HEALTHCARE
MARGARET H. ROLLINS SCHOOL OF NURSING
Nursing 202 – Advanced Concepts of Nursing
Volunteer Form
2026

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

Volunteer activity: Healthcare exploration day

Date of activity: 12/16/2025

Timeframe of activity: 0830-1300 Total Hours: 8

Student signature: Katelyn Milligan

Community Representative Name: Dr. Watson

Community Representative Phone Number: _____

Description of Activity: During healthcare exploration day I assisted with rotating stations for high schoolers who came to learn about different careers in healthcare. I also helped answer any questions they may have had during that time. At the end, I participated in a panel with my peers answering general questions about nursing school along with any questions the students had about studying and the program.

ALL SUBMISSIONS MUST BE MADE ELECTRONICALLY VIA DROPBOX WITHIN ONE WEEK OF COMPLETING THE ACTIVITY, OR WITHIN ONE WEEK OF RETURN TO SCHOOL, IF COMPLETED BETWEEN SEMESTERS. VOLUNTEER HOURS SUBMITTED OUTSIDE OF THIS TIME FRAME WILL NOT BE ACCEPTED!

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. Petito