

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: Costa Rica Service-Learning Trip

Date of activity: 1/10-1/18

Timeframe of activity: 1/13, 1/14, 1/15 Total Hours: 8 hours

Student signature: Madison Barber

Community Representative Name: Dr. Buoni, Mrs. Zahner

Community Representative Phone Number: _____

Description of Activity: Helped to set up medical clinics in the communities of Costa Rica and provide assistance to the providers during the clinic

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