

BEEBE HEALTHCARE
MARGARET H. ROLLINS SCHOOL OF NURSING
Nursing 102 – Nursing Care of Adults
Volunteer Form
2026

Indicate Listed on pre-approved activities or pre-approved by Mrs. Zahner

Volunteer activity: Community Day MLK

Date of activity: 1/19/26

Timeframe of activity: 8a-12p Total Hours: 4

Student signature: Savannah Reed

Community Representative Name: Mrs. Wingate & Mrs. Snyder

Community Representative Phone Number: 302-645-3251

Description of Activity: Organized Clothing Donations and closet for the community to use.
Explored community day activities _____

ALL SUBMISSIONS MUST BE MADE 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. Zahner