

LVN-RN Community/Ancillary Service Experience
Covenant School of Nursing
(Student to fill out this section PRIOR to clinical experience)

Date: _____ Student's Name: _____

Organization: _____

Site address: _____

Volunteer duties: _____

Signature of Staff: _____ **Phone #:** _____

Hours completed: _____

Thank you for allowing a nursing student from **Covenant School of Nursing** LVN-RN Track to participate in your community/ancillary service site today.

Please call one of the Instructor's, **Ester McWilliams (806) 317-9680** (cell) or **Dondi Kilpatrick (806) 239-6263** (cell) for additional comments regarding student performance and/or participation in your area today.