

Lakeview College of Nursing
N 442 Community Health in Nursing

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Legacy Service Project Organization Contact Form

Make a copy for yourself and one for your instructor & upload as an attachment to your journal for your legacy project

Each group member will need their OWN form.

Organization name: Habitat For Humanity

Organization contact made on: 10/13/2020

POC for the Organization (name, phone, e-mail): Jaura King 348-7066

Clinical Date: 10/13/2020

This form is to verify that the student has contacted a community organization regarding their service legacy project as required for the course. If you have any questions, please feel free to call the above number.

Date(s) of service: 10/13/2020 & 10/14/2020

Student Name: Shayla Mitchell

Person Verifying Hours (Name & number): Jaura King 348-7066

Total number of hours completed: 8

Jaura King 348-7066
Signature and date(s) of leader or other responsible person /Phone Number