

**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: Dayspring Women and Children Shelter

Organization contact made on: _____

POC for the Organization (name, phone, e-mail): Salena Jones 217 918 4456

Clinical Date: 2/19/2021, 2/22/21
8-12p 8-12pm
EM7P163@gmail.com

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: 2/19/21, 2/22/21

Student Name: MICHAELA G. HALLETT

Person Verifying Hours (Name & number): Salena Jones

Total number of hours completed: 8

Salena Jones (director) 217 918-4456
Signature and date(s) of leader or other responsible person /Phone Number