Lakeview College of Nursing
N442 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: Eastern Illinois Foodbank

Organization contact made on: 9/12/22

POC for the Organization (name, phone, e-mail): Merry Mitchell 217-328-3663

Clinical Date: 9/23/22

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: 9/23/2022

Student Name: Chelsea Blanase

Person Verifying Hours (Name & number): Jacob Brown 217-328-3663

Total number of hours completed: 8.5

217-328-3663

Signature and date(s) of leader or other responsible person /Phone Number