

Legacy Service Project Organization Contact Form
Lakeview College of Nursing
N442 Population and Global Health

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Make a copy for yourself and one for your instructor & upload to the dropbox.
Each group member will need their OWN form.

Organization name: Special Olympics Family Festival

Organization contact made on: 09/17/2022

POC for the Organization (name, phone, e-mail): Brandon Walker 217-820-9118

Clinical Date: 09/17/2022 brandon.walker@consolidated.com

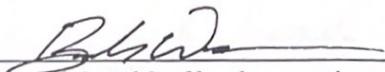
This form is to verify that the student has contacted a community organization regarding their service legacy project as required for the course. If you have any questions, please feel free to call the above number.

Date(s) of service: 09/17/2022

Student Name: Benjamin L Geisler

Person Verifying Hours (Name & number): Brandon Walker

Total number of hours completed: 8


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