

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: Camp New Hope
Organization contact made on: 09-13-22
POC for the Organization (name, phone, e-mail): Cori More corimmore@gmail.com
702-286-2972
Clinical Date: 09-24-22

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: 9-24-22

Student Name: Airelle Mitchell

Person Verifying Hours (Name & number): Cmm 702-286-2972

Total number of hours completed: 8
Eastern Illinois University
CNH Board Secretary

Cmm 9-24-22
Signature and date(s) of leader or other responsible person /Phone Number