

**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: Habitat Restore

Organization contact made on: 1-20-23 danvilleresstore@gmail.com

POC for the Organization (name, phone, e-mail): Habitat 217-442-0004

Clinical Date: 1-27-23

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: 1-27-23 and 1-28-23

Student Name: Harley Epley

Person Verifying Hours (Name & number): Taylor Enos 217-442-0004

Total number of hours completed: 8

Taylor Enos 217-442-0004  
Signature and date(s) of leader or other responsible person /Phone Number