

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

Organization contact made on: _____

POC for the Organization (name, phone, e-mail): _____

Clinical Date: 1

217-442-0004
Habitat Restore
danville restore
@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: 1/31/2023, 2/14/2023

Student Name: Cindy Ho

Person Verifying Hours (Name & number): Taylor Ehos

Total number of hours completed: 8

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