

**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: HOPE of East Central Illinois

Organization contact made on: February 1st 2023

POC for the Organization (name, phone, e-mail): Rachel, rachelh@hope-eci.org

Clinical Date: February 28th 2023

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: February 28th 2023 and March 7th 2023

Student Name: Angel Roby

Person Verifying Hours (Name & number): Rachel, email contact (rachelh@hope-eci.org)

Total number of hours completed: 8

Signature is on Nicholas Pontes form, we only brought one form that day and only got that one signature.

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