

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: Effingham Crisis Nursery

Organization contact made on: 9/5/23

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

Clinical Date: 10/19/23

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: 10/19/23

Student Name: Berich MPoy

Person Verifying Hours (Name & number): \_\_\_\_\_

Total number of hours completed: 6

Meghan Lewers 217-342-3000 x2  
Signature and date(s) of leader or other responsible person /Phone Number