

Legacy Service Project Organization Contact Form
Lakeview College of Nursing
N442 Population and Global Health

Pamela Armstrong, APN, MSN, RN
Danville Course Coordinator & Clinical Instructor
570-768-1903
PArmstrong@lakeviewcol.edu

Make a copy for yourself and one for your instructor & upload to the dropbox.

Each group member will need their OWN form.

Organization name: DaySpring Rescue Mission

Organization contact made on: Sep 13th 2023 via Pamela Armstrong

POC for the Organization (name, phone, e-mail): Miss. Cooper

Clinical Date: _____

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: 9-15-23, 9-29-23, 10-22-23

Student Name: Shana Stanley

Person Verifying Hours (Name & number): Miss. Cooper

Total number of hours completed: 8

Director Christa Cooper 477-216-4794
Signature and date(s) of leader or other responsible person /Phone Number