



# Lakeview College of Nursing

## COMMUNITY SERVICE FORM

AS A GRADUATION REQUIREMENT STARTING WITH THE FALL 2018 ADMISSION COHORT, FIVE (5) HOURS ARE TO BE COMPLETED EACH SEMESTER TOTALING THE REQUIRED TWENTY (20) BY GRADUATION. EACH SEMESTER PROOF OF COMPLETED HOURS MUST BE SUBMITTED VIA THIS FORM WITH ALL THE REQUIRED INFORMATION AND SIGNATURES. BELOW IS A LIST OF SUGGESTED AND PRE-APPROVED SITES TO COMPLETE HOURS, HOWEVER, STUDENTS ARE ALLOWED AND ENCOURAGED TO SELECT OTHER LOCATIONS. IF YOU WISH TO COMPLETE SERVICE HOURS NOT ON THE LIST BELOW, PLEASE GET PRE-APPROVAL BEFORE SERVICE HOURS ARE OBTAINED.

CUVolunteer	Daily Bread Soup Kitchen	Salvation Army of Champaign	Franklin Middle School
Salt and Light Ministries	Empty Tomb	Champaign Park District	Urbana Park District
Swann Special Care Center	Carle Foundation Hospital	The HAVEN	CCAR Industries
Carle Hospice	Crisis Nursery	Eastern Illinois Foodbank	
OSF Heart of Mary Medical Center	Champaign County Humane Society	United Way of Champaign County	
Standing Stone Community Center	Sarah Bush Lincoln Hospital	Family Service – Volunteer Service	
CRIS Senior Services - Meals on Wheels	Hospice Volunteers - Champaign	Fair Hope Children’s Ministry, Danville, Ill	
Harbor Light Hospice, Decatur, Illinois	American Red Cross Illini Prairie Chapter		
Give Back Garden - Champaign/Urbana Public Health District			

### SECTION 1: STUDENT

STUDENT NAME: Jessica Warner

SEMESTER:  FALL  SPRING  SUMMER YEAR: 2023

AGENCY LOCATION: Dwelling Place

IT IS RECOMMENDED TO GAIN PRIOR APPROVE IF THE AGENCY UTILIZED IS NOT LISTED ABOVE. GETTING PRIOR APPROVAL WILL ENSURE HOURS TO BE COUNT TOWARDS THE 20 HOURS REQUIRED FOR GRADUATION. (UNAPPROVED SERVICES COULD RESULT IN HOURS NOT BEING COUNTED TOWARDS GRADUATION REQUIREMENTS.)

AGENCY REPRESENTATIVE NAME: Hygiene Products for Professor Barkley project

# HOURS SERVED:  START DATE:  END DATE:

FACULTY APPROVAL SIGNATURE Mary Barkley  
IF NOT ABLE TO OBTAIN SIGNATURE PLEASE ATTACH DOCUMENTATION OF APPROVAL

### SECTION 2: AGENCY SUPERVISOR

TYPE OF SERVICES PROVIDED BY STUDENT:

REPRESENTATIVE SIGNATURE: Mary Barkley PHONE #:

OFFICE USE ONLY

HOURS ENTERED  FORM SCANNED AND UPLOADED  DATE  INITIALS



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Give Back Garden - Champaign/Urbana Public Health District			

### SECTION 1: STUDENT

STUDENT NAME:

Jessica Warren

SEMESTER:



FALL



SPRING



SUMMER

YEAR:

2023

AGENCY LOCATION:

SGA sock drive

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(UNAPPROVED SERVICES COULD RESULT IN HOURS NOT BEING COUNTED TOWARDS GRADUATION REQUIREMENTS.)

AGENCY NAME:

# HOURS SERVED:

5

START DATE:

10/17/23

END DATE:

10/17/23

FACULTY APPROVAL SIGNATURE

[Signature]

IF NOT ABLE TO OBTAIN SIGNATURE PLEASE ATTACH DOCUMENTATION OF APPROVAL

### SECTION 2: AGENCY SUPERVISOR

TYPE OF SERVICES PROVIDED BY STUDENT:

REPRESENTATIVE SIGNATURE:

[Signature]

PHONE #:

REPRESENTATIVE PRINTED SIGNATURE:

### OFFICE USE ONLY

HOURS ENTERED



FORM SCANNED AND UPLOADED



DATE

INITIALS