

**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: Day Spring Women Shelter

Organization contact made on: 2/5/24

POC for the Organization (name, phone, e-mail): Christine Cooper  
447-216-4794

Clinical Date: 2/22/24

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: 2/22/24

Student Name: Kaitlyn Lovverson

Person Verifying Hours (Name & number): Chris Cooper  
447-216-4794

Total number of hours completed: 2

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