



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: Ragin Baker

SEMESTER: FALL SPRING SUMMER YEAR: 2024

AGENCY LOCATION: Urbana, IL

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 NAME: Carle Foundation Hospital

HOURS SERVED: 5 START DATE: 6-7-24 END DATE: 6-7-24

FACULTY APPROVAL SIGNATURE: D Kamradt
IF NOT ABLE TO OBTAIN SIGNATURE PLEASE ATTACH DOCUMENTATION OF APPROVAL

SECTION 2: AGENCY SUPERVISOR

TYPE OF SERVICES PROVIDED BY STUDENT: Cleaned/organized/restocked nurse server closets.

REPRESENTATIVE SIGNATURE: Hope Downing PHONE #:

REPRESENTATIVE PRINTED SIGNATURE: Hope Downing

OFFICE USE ONLY

HOURS ENTERED FORM SCANNED AND UPLOADED DATE INITIALS