

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

**Katie King, MSN, RN, CPN, CNEcl, CNE**  
**Charleston Course Coordinator**  
**903-714-5404**  
[Kking1@lakeviewcol.edu](mailto:Kking1@lakeviewcol.edu)

**Make a copy for yourself and one for your instructor then upload to the dropbox.**  
**Each group member will need their OWN form.**

Organization name: HOPE of EAST Illinois

Organization contact made on: 02/27/2025

POC for the Organization (name, phone, e-mail): Camille Gordon camillechope@eci.org

Clinical Date: 3/4/2025

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: 4/14/2025 / 4/21/2025 / 4/27/2025

Student Name: Kayla Cox Schrubbs

Person Verifying Hours (Name & number): Abbie Eastern 217-348-5931 ext 302

Total number of hours completed: 8

Abbie Eastern 3/27/25 217-348-5931 ext. 302  
Signature and date(s) of Organization representative /Phone Number