



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:	<input type="text"/>		
SEMESTER:	<input type="checkbox"/> FALL	<input type="checkbox"/> SPRING	<input type="checkbox"/> SUMMER
YEAR:	<input type="text"/>		
AGENCY LOCATION:	<input type="text"/>		
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:	<input type="text"/>		
# HOURS SERVED:	<input type="text"/>	START DATE:	<input type="text"/>
		END DATE:	<input type="text"/>
FACULTY APPROVAL SIGNATURE	<input type="text"/>		
	IF NOT ABLE TO OBTAIN SIGNATURE PLEASE ATTACH DOCUMENTATION OF APPROVAL		

SECTION 2: AGENCY SUPERVISOR

TYPE OF SERVICES PROVIDED BY STUDENT:	<input type="text"/>		
REPRESENTATIVE SIGNATURE:	<input type="text"/>	PHONE #:	<input type="text"/>
REPRESENTATIVE PRINTED SIGNATURE:	<input type="text"/>		

OFFICE USE ONLY			
HOURS ENTERED	<input type="checkbox"/>	FORM SCANNED AND UPLOADED	<input type="checkbox"/>
DATE	<input type="text"/>	INITIALS	<input type="text"/>