

Silver Cord Service Form

Complete the following and return to Mr. Bergmann.

Name: _____ Grade: _____ Year Graduating: _____

Service site (name, and phone number of where the service was done):

Activity/Activities performed (what did you do):

Date(s) of service: _____ Total # of hours completed: _____

Signature of Student: _____

Signature of Site Coordinator: _____
(coordinator/supervisor signature confirms the student's completion of service and # of hours)

Approved _____ Not Approved _____

Signature of Silver Cord Coordinator: _____

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