

Silver Cord Service Form

Complete the following and return to Ms. Hosch.

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)

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Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

Signature of Silver Cord Coordinator: \_\_\_\_\_

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