



NEVADA HIGH SCHOOL SILVER CORD PROGRAM



Please complete the following before service:

Student Name _____ **Grad. Year** _____

Date(s) of Service _____ **Organization** _____

Service Activity _____

Parent/Guardian Signature _____ **Date** _____
(My signature represents my approval of the service explained on this form.)

Administrator Approval _____ **Date** _____

Please complete the following after service hours are completed:

With this signature, I am confirming that the student listed above has completed _____ hours of community service with the organization and activity noted on this form.

Student Signature _____ **Date** _____

Signature of Community Member (Person other than Parent)

Printed Name of Community Member _____

Phone Number _____ **Email** _____

Community Member Comments (if necessary):

Complete and turn in this form within 30 days of the date of service.