



Centerville High School Silver Cord Program Volunteer/Job Shadow Activity & Verification

Student Name: (Please Print)

Grade:

Graduation Year:

Description of volunteer/Job Shadow Activity (What did you do?):

Total number of hours completed: _____

(Do NOT include travel time. NO more than 8 hours a day. Volunteer work must NOT occur during school hours)

Name of Event (if applicable): _____

Organization/Business: _____

(Must be an approved or preapproved organization/business to receive credit for hours)

Name (print) of coordinator at Service Site: _____

Coordinator Phone Number: _____

Signature of Coordinator: _____

Student Signature: _____ Date: _____
