



Centerville High School Silver Cord Program Volunteer/Job Shadow Preauthorization

Student Name: (Please Print)

Student Phone Number:

Grade:

Graduation Year:

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: _____

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

OFFICE USE ONLY

Chamber Signature: _____ Date Approved: _____

Student Contacted: Yes _____ Message left _____ Unable to contact _____