



West High School



Silver Cord Society A Service-Based Student Organization

Advisor: Mrs. Cleveland
Administrative Advisor: Mrs. Tidwell

Complete the following and return to Mrs. Cleveland in the Freshman Office. Use one form for each individual place you volunteer and tally the hours over an extended period, such as one semester.

Name: _____ **ID#** _____ **Year of Graduation:** _____

Grade to which Hours Apply: _____ **Homeroom Teacher:** _____

Service Site (Name and Address where service was completed): _____

Activity Performed (What did you do?): _____

Date Service Started: _____ **Date Service Completed:** _____

Total Number of Hours Completed: _____

Signature of Student: _____

Name of Coordinator at Service Site (Please print): _____

Signature of Coordinator: _____

Address of Coordinator: _____

Phone # of Coordinator: _____

(Coordinator: Your signature confirms/verifies the student's completion of service & number of hours.)

Student Reflection: (You may use reverse side if needed.)

What did I gain from the experience of volunteering my service?

How has this experience influenced my life and how as I helpful to others?