



## Keota High School Silver Cord Service Form

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Complete and return to the Silver Cord Coordinator for approval and signature

Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Activity or organization for which service was performed:

Activity coordinator or adult supervisor name (printed):

Supervisor/ coordinator contact information (phone, email address)

Location, date(s), and time(s) of service:

Explanation/description of service(s), activities or duties performed:

Total hours of service completed:

x Signature of Student \_\_\_\_\_

x Signature of Coordinator or Supervisor \_\_\_\_\_  
(Signature confirms that the student was present and completed the activities listed above)

Approved \_\_\_\_\_ or Not approved \_\_\_\_\_

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