

HHS Silver Cord Program

Student Volunteer Form

Student Name \_\_\_\_\_

Today's Date \_\_\_\_\_ Graduation Year \_\_\_\_\_

**\*\*\*The following information is to be complete by the student, NOT the supervisor\*\*\***

Select the category in which this opportunity falls:

- |  |   |
|--|---|
| <input type="checkbox"/> Community Agency          | <input type="checkbox"/> Church or Religious Organization |
| <input type="checkbox"/> Parks and Recreation      | <input type="checkbox"/> Nonprofit Charity Organization   |
| <input type="checkbox"/> Senior Citizen Assistance | <input type="checkbox"/> Community Event                  |

Volunteer Date(s) \_\_\_\_\_ Volunteer Hours Completed \_\_\_\_\_

Volunteer Site \_\_\_\_\_

Volunteer Phone Number \_\_\_\_\_ Volunteer Supervisor \_\_\_\_\_

Volunteer Address \_\_\_\_\_

Volunteer E-Mail \_\_\_\_\_

Volunteer Activity Description (specific details):

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Volunteer Supervisor Signature

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**Office Use Only**

Hours Submitted \_\_\_\_\_

Hours Counted Toward Silver Cord \_\_\_\_\_

Total Silver Cord Hours to Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_