



North Polk Silver Cord Form



Complete the top section of this form **before** each volunteer opportunity and return to the School Counseling Office upon completion. Use one form for each individual place you volunteer. All activities must be pre-approved by an NPHS Counselor or Administrator before the event unless the event is on the approved list located on the NPHS website under Silver Cord. Once the volunteer site coordinator has signed the bottom section, please return the form to the Counseling Office. (Please note these requirements may be different than the previous Comet Care Program requirements.)

Student Name _____
 Year of graduation _____ Grade to which hours apply _____
 Approval by NPHS Counselor/Admin: _____
 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* _____

*Up to 15 hours can count towards Silver Cord/No max on hours counting towards NHS application

Name of coordinator at service site (please print) _____

Signature of coordinator _____

(Coordinator: Your signature verifies the student's completion of service and # of hours)

Address of coordinator

Phone number of coordinator _____

Student reflection: In one paragraph or more, please reflect on your service hours. Use the space below or reverse side or attach a word doc. **Ask yourself: 1. How has this experience influenced my life and how was I helpful to others? 2. What did I gain from the experience of volunteering my services? 3. How did I positively represent NPHS community?**

You may choose to keep a copy of the form for your own Silver Cord documentation.