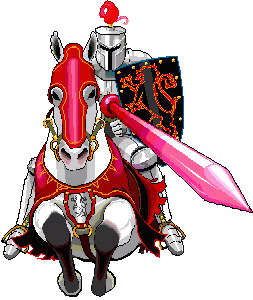
Silver Cord Completion Form

*Lancer Pride*



# Loyalsock Township High School

*Return to the Main Office*

Please complete and return this form once you have completed the volunteer activity with the organization. This form will be kept on file with the program coordinator.

**A different form must be completed for EACH volunteer activity.**

|  |  |  |  |
| --- | --- | --- | --- |
| General Information | | | |
| Student Name: | | School Year: | |
| Select the Categories Within Which this Opportunity Falls:  Community Agency  Church or Religious Organization  School or Educational Agency  Parks and Recreation  Nonprofit Charity Organization  Community Events Planning  Non Relative Senior Citizen Assistance  Other | | | |
| Volunteer Activity Description: | | Volunteer Site Supervisor: | |
| Volunteer Site Address: | |
| Volunteer Site Email: | |
| Volunteer Site Telephone: | |
| How were you helpful to others? | | | |
| What did you gain from this experience? | | | |
| Volunteer Site Approval | | | |
| *I certify that the above individual has completed the hours listed above in good standing.* | Signature of Volunteer Site Supervisor: | | Today’s Date: |

*Revised August 2011*