

Silver Cord Proposal Form

Student Name: _____ Date: _____

Student's email: _____

Please fill out this form and submit it to the facilitator for your class. This form must be complete and legible in order for your project to be considered for approval.

Contact Information	This person will verify your service and hours completed.
Name: _____	Position/Affiliation: _____
Phone #: _____	Email: _____

Volunteer Site: _____

Site Address: _____

Task to be performed (Please be specific.): -----

Proposed start date: _____ Proposed completion date: _____

How many hours do you believe this project will take to complete? (Any credit received will be for actual hours worked and verified.)

What do you hope to learn from this experience? -----

Office Use Only (student—don't fill this part in)

Date submitted: ----- accepted rejected

Date notified of decision: -----

Class Facilitators

General Mrs. Pentico, Media Center

General Mr. Thompson, counselor

2020 Mrs. Cannon

2019 Ms. Nielsen

2022 Mrs. Lane

2021 Sra. Gilroy