



The Silver Cord Program  
Bellevue High School  
Hours from May 1, 2023 to April 30, 2024

Student: \_\_\_\_\_ Graduating Class of 20\_\_

Date(s) of Service: \_\_\_\_\_

Number of Hours: \_\_\_\_\_

\*\*\*\*\*

**Completed by Supervisor! (The supervising adult who signs this form may NOT be a parent or guardian of the student completing the form.)**

Supervisor (printed): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Description of Duties performed by student: \_\_\_\_\_

Was the student prompt? \_\_\_\_\_ Yes \_\_\_\_\_ No

Was the student responsible in their duties? \_\_\_\_\_ Yes \_\_\_\_\_ No

Was the student respectful? \_\_\_\_\_ Yes \_\_\_\_\_ No

Time: Start: \_\_\_\_\_ End: \_\_\_\_\_

Signature: \_\_\_\_\_ Business/Location: \_\_\_\_\_

\*\*\*\*\*

**STUDENT: Reflect upon the activity in detail by answering the following questions. Please use the back of the sheet for answering space.**

1. What did you do during the service? Describe your role in this activity.
2. Who benefited from this service activity and how did they benefit? (individuals, groups, the community in general?)
3. Describe what you got out of the project. What did you learn? What was the most memorable part of this activity?

For Office Use Only:

Date Recorded: \_\_\_\_\_

Hours Earned: \_\_\_\_\_