

# Silver Cord Program

## Pre-approval Form

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

Email: \_\_\_\_\_-jdragonmail.us

Year of Graduation: \_\_\_\_\_

Date community service will start: \_\_\_\_\_ Ending date: \_\_\_\_\_

Approximately how many hours will you complete with this organization: \_\_\_\_\_

Name of Group/Organization/Event and Service Site:

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Describe what you will be doing during your community service hours:

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Name of Supervisor: \_\_\_\_\_

Email of supervisor: \_\_\_\_\_

Complete and submit this form to Mrs. Jensen in room 123 or email it to [rachel.jensen@johnston.k12.ia.us](mailto:rachel.jensen@johnston.k12.ia.us). Please allow at least one week notice for approval. You will get an email with the decision. Please contact Mrs. Jensen if you have any questions.