

South Winneshiek HS Purple Cord Program Pre-Approval Form
(for service not already on pre-approved list)

Name: _____

Grade: _____ Graduation Year: _____

Email: _____

Cell Phone Number: _____



Approximately how many hours of service will you complete? _____

Name of Group/Organization/Event and Service Site (include address):

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

Name of Supervisor: _____

Email and/or Phone of Supervisor: _____

Student Signature: _____

Return the completed form to Glenna Munuswamy at least a week before the volunteer opportunity. For questions, please contact the program coordinator, Glenna Munuswamy at 563-562-3226 or by email at gmunuswamy@swinn.k12.ia.us

Approved _____ Yes _____ No By: _____ Date: _____

If not approved, reason why _____