Mount Horeb High School
Verification of Service Form
Silver Cord Service Program

To be completed by **STUDENT**:

Student Name   _____ Graduation year_____

Dates of Service _____ Hours of Service_____

Place of Service _____

Type(s) of Service Completed _____
_____
_____

To be completed **COMMUNITY MEMBER**:

I verify that _____volunteered for _____hours of service.

_____ _____ _____
Community Member Signature   Title   Date

To be completed by **STUDENT**:

Student Name   _____ Graduation year_____

Dates of Service _____ Hours of Service_____

Place of Service _____

Type(s) of Service Completed _____
_____
_____

To be completed **COMMUNITY MEMBER**:

I verify that _____volunteered for _____hours of service.

_____ _____ _____
Community Member Signature   Title   Date