

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 by **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 by **COMMUNITY MEMBER**:

I verify that _____ volunteered for _____ hours of service.

Community Member Signature

Title

Date