

Validation Form

Silver Cord for Service Program

To be completed by the **STUDENT**:

Student Name: _____ # of Hours Earned: _____

On _____, I worked for _____. During this time I,
(date) (person or organization)

(type of task/job that you completed)

Which organization or person benefited from your service? (check one)

- | | | |
|---|---|--|
| <input type="radio"/> School | <input type="radio"/> Nursing Home | <input type="radio"/> Hospital |
| <input type="radio"/> Church | <input type="radio"/> Library | <input type="radio"/> Salvation Army |
| <input type="radio"/> Community initiatives (fundraisers, etc.) | <input type="radio"/> Elderly person/Senior Citizen | <input type="radio"/> Less privileged Children |
| <input type="radio"/> Community groups (Lions, City Beautification) | <input type="radio"/> Other person in need of help | |

To be completed by the **COMMUNITY MEMBER**:

I verify that the above information is accurate, including the number of hours that the student volunteered.

Community Member's Signature

Date

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