

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
date Person or Organization

I, _____
Type of task/job that you completed

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

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

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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