

CAM High School

Silver Cord Service Program

Verification of Service - Use this form to verify service hours

To be completed by the student:

Student Name:	
Organization/Contact Person/Phone #:	
Date(s) of Service:	
Number of Hours Worked:	

To be completed by Community Member:

I verify that _____ volunteered for _____ hours.
Student Name *No. of Hours*

During this time, the student _____ at _____.
Type of Task *Location*

<i>Community Member's Signature</i>	<i>Printed Name</i>	<i>Date</i>

Write a brief description of what you did and what you gained from this service activity. (Continue on back if needed.)
