

# Validation Form

## Silver Cord for Service Program

**To be completed by the STUDENT:**

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_ # 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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