



School District of Wauzeka-Steuben
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 **Community Member**:

I verify that _____ volunteered for _____ hours of service.

Community Member Signature

Title

Date