North Union High School
Validation Form for Silver Cord Service Program

To be completed by the STUDENT:

Student name: _____

Date(s) worked: _____

Number of hours worked: _____

What did you gain from this service project?

_____

_____

_____

_____

_____

_____

_____

_____

Student signature: _____

To be completed by the COMMUNITY MEMBER:

I verify that _____ volunteered for _____ minutes/hours.

During this time, the student helped _____.

Community Member's signature: _____

Date: _____