**IKM-Manning High School**

**Verification of Service for Silver Cord Program**

Use this form to verify service hours. Form must be turned in within 2 weeks of the completion date of the community service. Summer hours should be turned in within the first 2 weeks of the start of school in the fall. Hours counting for the current school year must be turned in by May 1.

To be completed by **STUDENT**:

**For Silver Cord Committee ONLY**

As a committee we: APPROVE DO NOT APPROVE

Service hours for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of student)

In the amount of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (number of hours)

Signature and date of committee member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Student Name |  |

|  |  |
| --- | --- |
| Date(s) of Service |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Number of hours worked |  |  |  | in school |
|  |  |  | out of school |

Student: write a brief description of what you did and what you gained from this service activity:

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Continue on back if needed.

To be completed by **ADULT COORDINATOR OF SERVICE ACTIVITY**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I verify that |  | volunteered for |  | hours. |
|  | Student name |  | # of hours |  |

*Travel, sleep, and meal breaks should not be included as service hours –*

*12 hours max per day – 20 hours max per activity/organization.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Verifier’s Signature |  | Print Name |  | Date |

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| --- |
|  |

Email address and/or phone number of person verifying the community service.

Optional: Comments regarding the quality of the work, attitude, etc…

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Continue on back if needed.