

SILVER CORD
SERVICE PROGRAM

Bishop Heelan Catholic High School
Validation Form

Use this form to validate your volunteer hours towards your Silver Cord
This form will not be accepted if signed by a parent or guardian.

To Be Completed By The Student:

Student's Name: _____ **HR:** _____

Date Worked: _____ Number of Hours Worked: _____

How did this service project benefit others, and why is it important to you?

To Be Completed By The Community Member:

I verify that _____ volunteered for _____ hours.
Student's Name **# of hours**

The student named above performed the following work/task:

Community Member's Signature

Community Member's Phone Number

Date Signed

Homeroom Moderator's Signature

Date Received