



*SILVER CORD*

ATLANTIC  
HIGH SCHOOL



**Atlantic High School Silver Cord Verification of Service**

Complete the following and return to your Guidance Counselor at the Atlantic High School. Use one form for each individual place you volunteer and tally the hours over an extended period, such as one semester.

Name \_\_\_\_\_ Year of graduation \_\_\_\_\_

Grade to which hours apply \_\_\_\_\_ Advisory \_\_\_\_\_

Service site (Name and address where service was completed)

\_\_\_\_\_

Activity performed (what did you do?)

\_\_\_\_\_

\_\_\_\_\_

Date service started \_\_\_\_\_ Date service completed \_\_\_\_\_

Total number of hours completed \_\_\_\_\_

Name of coordinator at service site (please print) \_\_\_\_\_

Signature of coordinator \_\_\_\_\_

(Coordinator: Your signature verifies the student's completion of service and # of hours)

Address of coordinator \_\_\_\_\_

Phone number of coordinator \_\_\_\_\_

Student Signature \_\_\_\_\_