

ALGONA MIDDLE SCHOOL SILVER PIN SERVICE PROGRAM

VERIFICATION OF SERVICE FORM

Use this form to verify service hours:

To be completed by STUDENT:

Student's Name: _____

Date(s) of Service: _____

Number of hours worked: _____

To be completed by the COMMUNITY MEMBER:

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

During this time, the student _____.

Community Member's Signature

Print Name

Date

Service Reflection Report:

Write 3-5 sentences describing: what skills you used, what you learned from your service, and what you would do differently to improved your experience next time.

Please use both sides.