

MASON CITY HIGH SCHOOL
SILVER CORD PROGRAM – Verification of Service and Reflection Form

Student's Name _____

Date(s) of Service _____

Number of Hours of Service _____

Description of Service Completed _____

VERIFICATION OF SERVICE:

Service Supervisor Signature _____ **Date** _____

STUDENT REVIEW AND REFLECTION (Required before hours are logged):

1. What steps did you take to prepare for and participate in this activity?

2. What was your role in this activity? What specifically did you DO?

3. Who benefited from this activity and how did they benefit?

4. Describe what you learned or gained from being involved in this activity.

RECORD OF SERVICE LOGGED:

Advisor Signature _____ **Date** _____