

**South Winneshiek High School Purple Cord Program  
Verification of Service Form**

To be completed by the **student**:

Name: \_\_\_\_\_

Date(s) of Service: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Total Number of Hours: \_\_\_\_\_

To be completed by the **community member**:

I verify that \_\_\_\_\_ volunteered for  
(Name of student)

\_\_\_\_\_ hours at \_\_\_\_\_  
(# of hours) (Location/name of event)

During this time the student \_\_\_\_\_  
(type of task)

Community Member's Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Comments (optional)

**Please Return this form to Glenna Munuswamy**