



SALUTING MODELS OF INVOLVEMENT,
LEADERSHIP AND ENTHUSIASM

Verification Form

Complete date, place, project, supervisor, supervisor's phone number and total number of hours worked. Then have supervisor initial and date each entry. Present this form at the office of Drs. McLain, Steedle, Chermak and Hanson to redeem your reward for your community service SMILE points.



Name: _____ Phone: _____

Address: _____

Patient ID Number: _____ E-Mail Address: _____

Date of Service	Organization Name	Community Service Project	Supervisor's Name, Title, Phone (Please Print)	Supervisor's Signature/ Date	Hour(s)/ S.M.I.L.E. Points
GRAND TOTAL HOURS/S.M.I.L.E. POINTS					