A picture containing text

Description automatically generated

**Remove/edit items in blue.** Copy and paste this into a document on school or chapter stationery.

**NHS Community Service Verification**

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Semester (check one): 🞏 First 🞏 Second

Please return this form to (*insert adviser name*) by the deadline, (*insert date*). Community service must be verified each semester as one of your obligations of membership in the chapter or to establish your eligibility. **National Honor Society** is an organization dedicated to foster high standards of scholarship and leadership through service to the school and community. The (*insert School Name*) Chapter provides for these goals through active membership and service.

Members are expected to perform a minimum of (insert your chapter’s individual service requirement here.) Volunteer service may include tutoring students or working for a charitable organization (without pay). Hours may be counted if completed within (i.e. the last 6 months, current school year, etc**.)** When volunteering along with a family member, the service must be for a recognized nonprofit group (civic organizations or events, etc.). If there are **ANY** questions about the validity your anticipated service participation, ask your chapter adviser.

Your individual service should reflect your talents and interests, and serve a need within the community.

Please provide the number of hours completed and a **brief description** of your service in the space below. Complete one verification form for each project/service activity in which you participate.

**Note**: Verification forms do not need to be submitted for projects sponsored by the chapter where attendance/hours are recorded.

HOURS: \_\_\_\_\_

DESCRIPTION OF SERVICE PERFORMED:

**Verification**: Please obtain the signature of your supervisor or other adult verifying this service.

Supervisor’s name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has completed the service described above.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title or organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Service:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact phone # or e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submission**: Submitted to the NHS Chapter Adviser on (*date*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_