**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade (current): \_\_\_\_\_\_\_ 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. To be eligible for NHS membership, a minimum of **10 hours** (*or other amount determined by your chapter)* devoted to volunteer service is required. Once inducted, members are expected to maintain this standard with an additional 10 hours of service each semester. Volunteer service may include tutoring students or working for a charitable organization (without pay). Hours may be counted if completed any time in the last 6 months**.** 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!

This service requirement should not be viewed as a chore or undesirable responsibility. Rather, it should be looked upon as an *opportunity* to share your talents and abilities with others.

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*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_