

National Honor Society 2019-2020 Community Service Verification Form

Student Name: _____ Class of _____

The following information must be completed by supervisor who witnessed service work.

Total number of hours: _____

Dates of service: _____

Supervisor's Name (please print): _____

Supervisor's Title: _____ Organization: _____

Supervisor's contact information (please indicate the best method of contact)

Phone: _____

E-Mail _____

I certify that the student named above performed the service indicated above.

Supervisor's Signature: _____ **Date:** _____

The following information should be completed by the student.

Describe the type of service performed. What did you do? What were your responsibilities? Be specific!

How did (or how will) the community benefit from the service described above? Explain.

** For **current** (inducted) NHS members, form must be submitted to adviser **within 48 hours** of when the service is completed (summer hours excluded). Potential candidates should keep this form and submit with Candidacy Packet.**

Adviser only: Hours received on _____ Hours approved _____ (initial)

Officer(s) only: Hours logged _____ (initial) Comments:

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