

Character Scholarship



Leadership Service

Wallenpaupack Area High School School or Local Service Documentation Form

NHS Member Name: _____

Grade: _____

I confirm that the above member volunteered at _____
(Event name & Sponsoring Charitable Organization Name)
on _____ for _____ hours.
(Date)

1. Print the name of the group, team, or organization for whom you are performing the volunteer service?

2. Are you a member of this group, team, or organization? Yes No

➤ **This form must be submitted to Mrs. Gilson within two weeks of event completion.**

➤ **Only hours completed during the annual cycle count for the year (see page 5, #4 of the by-laws).**

➤ **Summer hours must be submitted to Mrs. Gilson by the second, full week of school. We do not accept late submissions.**

3. Specifically state who is directly benefiting from the service and how it benefits them.

List of completed tasks:

Print Supervisor's Name

Event Supervisor's Official Title

Event Supervisor's Signature

Event Supervisor's Phone Number

Questions? Please contact the National Honor Society Advisors at Wallenpaupack Area High School.

Mrs. Mary Gilson (570) 226-4557, ext. 5220 --- Mrs. Rita Saylor (570) 226-4557, ext. 5700