NHS Community Service Verification

Last Name: _____ First Name: _____

Please return this form to Mrs. Barbara or Ms. Chappell or upload it to Google Classroom by the deadline, May 15. Community service must be verified each year as one of your obligations of membership in the chapter. **National Honor Society** is an organization dedicated to fostering high standards of scholarship and leadership through service to the school and community. The Milan High School Chapter provides for these goals through active membership and service.

Members are expected to perform a minimum of 10 volunteer hours per year. Volunteer service may include a variety of events including tutoring students or working for a charitable organization (without pay). Hours may be counted if completed within the current school year or previous summer. 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 of your anticipated service participation, please see Mrs. Barbara or Ms. Chappell.

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 <u>not</u> 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*): _____