**College Station High School National Honor Society**

**Community Service Verification**

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

Grade (current): \_\_\_\_\_\_\_ Semester (check one): 🞏 First 🞏 Second

Community service must be verified each semester as one of your obligations of membership in the chapter or to establish your eligibility (per chapter bylaws article VI, section 7)

**Requirements for service hours are:**

1. 10 hours per semester in two different organizations
2. Must have been completed in the last six months
3. Must occur outside of school hours
4. Volunteer service may include tutoring students or working for a charitable organization (without pay).
5. When volunteering along with a family member, the service must be for a recognized nonprofit group (civic organizations or events, etc.).
6. If there are **ANY** questions about the validity your anticipated service participation, ASK!

This service requirement should not be viewed as a chore. 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 (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

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