



NHS Community Service Verification

Last Name: _____ First Name: _____

Grade (current): _____ Semester (check one): ☐ First ☐ Second

Please return this form to Mrs. Sliwa by the deadline, May 22nd, 2017. 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 Apex Friendship Chapter provides for these goals through active membership and service. To maintain NHS membership, a minimum of **8 hours** devoted to volunteer service is required. Once inducted, members are expected to maintain this standard with only 3 hours going towards the total per service/volunteer activity. Volunteer service may include tutoring students or working for a charitable organization (without pay). Hours may be counted if completed after August 29th, 2016. 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 must be submitted for all service hours.

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): _____