NHS Community Service Verification

Last Name: _____ First Name: _____

Semester (check one): □ First □ Second

Please return this form to Ms. Bird by the deadline, May 1st. Community service must be verified each semester as one of your obligations of membership in the chapter or to establish your eligibility. The **National Honor Society** is an organization dedicated to fostering high standards of scholarship and leadership through service to the school and community. The New Bern High School Chapter provides for these goals through active membership and service.

Members are expected to perform a minimum of 10 service hours. Volunteer service may include tutoring students or working for a charitable organization (without pay). Hours may be counted if completed within the current school year. 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 your chapter adviser.

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*): _____

Upload this document to the service hour form: **https://bit.ly/4f7lMNk**