Name: _____ YOG: _____

National Honor Society ASSIST PROJECT FORM

Did you verify that your project qualifies as community service? Circle Yes / No
If you are unsure, check the website, ask your advisor, or ask a board member. Before submitting this form, make a copy and rename it "First name Last name Assist Form"

What was your assist project?
Include a brief description. How did it go? What did you accomplish?

Hours spent on assist project: _____
Please list below the dates and times spent on this project:

Site Liaison signature: _____
(Please verify the hours spent before signing)

Site Liaison Contact Information: _____