

NHS Service Verification Form

All information must be completed in ink. Corrections require supervisor's signature.

Name of NHS Member: _____

Non-profit organization sponsoring activity: _____

Detailed description of activity/service performed:

All individual service projects require approval BEFORE being undertaken.
Failure to obtain approval will result in denial of hours.

Adviser Approval: _____

This portion is to be filled out by the adult supervisor of service project/activity. Contact person must not be related to NHS member. Proxy signatures are NOT acceptable.

Project Information:

Supervisor's name: _____

Supervisor's role in organization: _____

Date Activity/Project: _____ Time of Activity: _____

Total Hours _____

For activities lasting more than one day, please note individual dates/times on reverse and provide signature next to each.

Was the function a fundraiser? Yes No

If so, which charity received the proceeds? _____

Was the function a requirement of another organization, class, or club; or was the candidate compensated (pay/credit) in any way? Yes No

Signature of Contact Person _____

Email: _____

Phone: _____

I certify that all the above information is correct. I understand that any falsification of information jeopardizes my membership in NHS.

NHS Member Signature _____

Date submitted to sponsor: _____

Documentation of service must be turned in within 30 days of the event/activity.

If the event is long term, then form must be turned in by 30 days from earliest date of activity. All individual dates and times must be recorded and signed at the time performed.

Summer projects must be submitted by the end of the third week of school.