



NDHS NATIONAL HONOR SOCIETY

Current Member--Community Service Documentation Form

THIS IS THE ONLY FORM ALLOWED TO BE USED FOR SERVICE

***** PLEASE COMPLETE IN INK ONLY*****

FORMS COMPLETED IN PENCIL WILL NOT BE ACCEPTED---

Student Name _____ Grade _____

Name of Community Organization Served: _____

Detailed Description of Volunteer Service Activity:

Specific Dates of Volunteer Service:

Date: _____ Hours: _____ Date: _____ Hours: _____

Date: _____ Hours: _____ Date: _____ Hours: _____

Date: _____ Hours: _____ Date: _____ Hours: _____

TOTAL Number of Hours: _____

___I verify that this student has completed the described volunteer service activity for the aforementioned community organization, and that I am a representative of the organization.

Name (print)

Signature

Phone

Your Title: _____

Date: (signing date must be AFTER every date claimed) _____