**CENTENNIAL HIGH SCHOOL NATIONAL HONOR SOCIETY**

**Centennial High School NHS Community Service Verification 2019-2020**

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade Level (current): \_\_\_\_\_\_\_ Semester (check one): 🞏 First 🞏 Second Year: \_\_\_\_\_\_\_\_

Please return this form to **Mr. David Cowdrey (A-133)** or to **Ms. Diana Hernandez (D-160)** by the deadline. Do not interrupt the teachers’ classes or meetings to submit your service hours.

REQUIRED: **10 hours of service each semester**. Volunteer service may include tutoring students (within an organization) or working for a charitable organization (without pay). Hours may be counted if **completed any time in the last 6 months but you may not use hours you already submitted.** 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, please ask Mr. Cowdrey or Ms. Hernandez.

***The 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. “Character” means having a good attitude at all times.***

DIRECTIONS: 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. If you have a signature or other documentation on another piece of paper, fill this form out and attach the second piece of paper.

**HOURS of SERVICE: \_\_\_\_\_\_\_ Date Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DESCRIPTION OF SERVICE PERFORMED**:

**VERIFICATION**: Please obtain the signature of your supervisor or other adult verifying this service.

Supervisor’s name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has completed the service described above.

Supervisor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date(s) of Service:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact phone # or e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_