NHS Individual Service Project Form

Use this form for reporting ANY hours that are earned outside of NHS. If the service is more than FIVE hours, approval must be granted prior to performing service.

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| **Fill Out BEFORE Activity** |
| Name: | ID Number: |
| Organization: |
| Description of activity: |
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|  |
|  |
| Type of Service

|  |  |
| --- | --- |
| * Character Building
 | * Service
 |
| * Fundraising (Charity: )
 | * Spirit Building
 |
| * Leadership Development
 | * Other:
 |

 |
| Approved by: | Date |
| * School Related
 | * Non-School Related
 |

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| --- |
| **Fill Out AFTER Activity** |
| Contact Person at Organization: |
| Date of Activity: | Time(s): |
| Hours spent on project: |
| **To be completed by organization supervisor:**I certify that the above student performed the above task and the stated number of hours under my supervision.

|  |  |
| --- | --- |
| Supervisor Signature | Date |
| Supervisor Phone Number |

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| I certify that I performed the above tasks and the stated number of hours, and I am not counting this community service towards any other requirement, such as MVP or HOSA.

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| --- | --- |
| **NHS Member Signature** | **Date** |
| NHS Advisor Approval | Date |

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