SCS Community Service Verification Form

Last Name: ________________________  First Name: ________________________
Grade (current): ________________

Students pursuing an Honor's Diploma (20 hrs./year) or membership in the Shiloh National Honor Society Chapter (15 hrs./year with 5 hrs. at your home church) are required to complete Community Service Hours Annually. Service hours can count for both programs. The deadline for submitting service hours is March. Community Service can be many things where you are exercising Servant Leadership to help others without any form of compensation. Hours may be counted if completed any time in the last year (March thru March). 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 of your anticipated service participation, ASK!

Please return this form to Mrs. Young after each service is performed.

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.

**Type of service:**  Home Church Hours  Regular Hours

**Hours used for:**  NHS  AND/OR  Honors Diploma

HOURS: __________

DESCRIPTION OF SERVICE PERFORMED:

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

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

Supervisor’s name (please print): ____________________________________________

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

Signature:  ________________________________________________________________

Title or organization: ________________________________________________________

Date of Service: _______________  Contact phone # or e-mail: ______________________

Submission: Submit to Mrs. Young, SCS Counselor