

**NJHS Community Service Verification**

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

 Semester (check one): 🞏 First 🞏 Second

Please return this form to *Mr. Burris* by the deadline, April 5th ,2025. Community service must be verified each semester as one of your obligations of membership in the chapter or to establish your eligibility. **National Junior Honor Society** is an organization dedicated to foster high standards of scholarship and leadership through service to the school and community. The Hodges Bend Middle School Chapter provides for these goals through active membership and service.

Members are expected to perform a minimum of 10 hours. Volunteer service may include tutoring students or working for a charitable organization (without pay). Hours may be counted if completed within the last three months. 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, ask your chapter adviser.

Your individual service should reflect your talents and interests and serve a need within the community.

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.

**Note**: Verification forms do not need to be submitted for projects sponsored by the chapter where attendance/hours are recorded.

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**: Submitted to the NJHS Chapter Adviser on (*date*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_