

Carmel High School NHS Community Service Verification

Student Name (please print): _____ Current Grade: _____

Organization where I volunteered: _____

Description of volunteer services and how this service benefitted the community:

Date of Service	# hours	Please write the number of hours. Ex: "nine"	Authorized representative signature

For additional dates please complete an additional form.

This community service was performed for a not-for-profit organization, was not performed for a friend or family member and was not a requirement for another club/organization: _____
Student signature

Authorized organization representative verifying completion of community service:

Name (Please Print) Date Telephone/e-mail

***** REFER TO COMMUNITY SERVICE GUIDELINES BEFORE COMPLETING *****

All fields must be completed – incomplete forms will not be considered

No cross-outs or erasures

Scan form and submit it here:

