



School & Community Service- 10 hours required each Quarter, additional hours will count towards Above & Beyond. Be diverse with your service hour choices.

| Date | Length of Service | Service Description (Print neatly) | Location or Address of Organization/Service | Printed Name of Sponsor | Sponsor Phone Number | Sponsor Signature |
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Tutoring (1 hour per Quarter), **Adopt-A-Street** (1 per semester), **NHS Service Project**

| Date | Length of Service | Service Description (Print neatly) | Location or Address of Organization/Service | Printed Name of Sponsor | Sponsor Phone Number | Sponsor Signature |
|------|-------------------|------------------------------------|---|-------------------------|----------------------|-------------------|
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Total Hours _____ 

Turn Form OVER & Complete Service Reflection 

I verify that all service hours recorded above are accurate and legitimate according to our chapter rules.

Student Signature Date _____

DUE: Thursday, November 5, 2020 by 2:45PM
 Submit to the "NHS Service Hours Box" in the Main Office.
 Make a copy of this completed form for your records.

NHS Service Reflection

Member _____ **Grade** _____

Volunteer Service Event- _____

Service Date _____

Quarter _____

1. Describe the service event. List NHS members present.

2. Explain your involvement in the planning or your contribution to this service event.

3. What is the impact of this service event on the community? What impact did this service have on you personally? What have you learned from participating in this event?

4. Would you recommend this event to other NHS members? Why or why not?

5. Were any significant problems or concerns at this event that the advisors should be aware of? _____ No _____ Yes, state below