Cousino High School
National Honor Society

4th QUARTER SERVICE HOUR FORM

Member _____ **Grade** _____

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

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

Total Hours _____

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

_____ Date _____
Student Signature

Turn Form OVER & Complete Service Reflection

Seniors DUE: Thursday, May 28, 2020 by 2:45PM
Juniors DUE: Thursday, May 28, 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 or? _____ No _____Yes, state below