



Validation of Community Service Form



This form **MUST** be filled out and submitted every time you participate in a service activity in order to receive credit for those hours.

Student's Full Name:

Name or brief description of activity:

Number of hours volunteered: _____

Please describe what you did when participating in this activity:

In order to confirm the above information, complete the following:

Name of an adult advisor for this activity:

Advisor's Address:

Advisor's Phone Number:

Signature of Advisor:

Signature of Student:

Approval of NHS Officer : _____