

NATIONAL HONOR SOCIETY
SCHOLARSHIP • SERVICE • CITIZENSHIP • LEADERSHIP
Valencia High School Chapter

COMMUNITY SERVICE VERIFICATION

Student's Name _____ Grade _____
(Please print, last name first)

Organizational Name: _____

Summarize the goals, purposes, and activities of the organization: _____

Describe the activities or tasks of service that you performed:

Relate what the experience meant to you:

Student's Signature _____ Date _____
----- portion below filled out by agency -----

Organization _____ Name of Supervisor (please print)
(attach business card if available)

Telephone Number _____ Title of Supervisor

In your opinion did the student:

- Experience meaningful ways to care for and share community spirit with those who have special needs.
- Bridge varied ethnic, socio-economic, and generational backgrounds.
- Develop life skills that apply to personal life, professional life, and possibly a future career.
- Gain valuable experiences and exposure to a wide variety of career choices.
- Sharpen and apply their skills in leadership, planning, implementing and evaluation.
- Develop a sense of control over their environment.
- Work collaboratively with member of the community.

Total Hours of Service _____ Signature of Supervisor
(Please write the total number of hours)

**STUDENT MUST SUBMIT THIS COMPLETED FORM
TO THE COMMUNITY SERVICES COORDINATOR**