



**ASU PREP NATIONAL HONOR SOCIETY - SERVICE PROJECT/HOURS VERIFICATION FORM**

Please complete this form for **every chapter-sponsored or personal service project** in which you participate to have your hours approved. Return forms to Ms. Yap in room 261. **Do NOT leave any space blank.**

Name		Date Submitted	
Circle the Type of Service		NHS CHAPTER-SPONSORED PROJECT	PERSONAL SERVICE HOURS

Name of Activity			
Organization			
Date(s) of Activity (mm/dd/yy)		Location of Activity	

Describe the **activity in which you participated** – be specific.

How did this activity contribute to the community?

What were your duties? List specific examples of how you were successful in carrying out your duties.

**TOTAL NUMBER OF HOURS:** \_\_\_\_\_

Please include only hours in which you were actually working (i.e., do not count hours where you were asleep, eating, etc!).

This account is true and accurate to the best of my knowledge. I was not compensated for this time in **any way** (e.g., money, credit or satisfaction of requirement for another class or club, badge or certificate, family expectations, etc.).

STUDENT'S SIGNATURE \_\_\_\_\_

**SUPERVISOR CONFIRMATION**

Adult Supervisor's Name and Position		Phone Number and/or Email	
My signature verifies that this individual worked the stated activity for the stated amount of hours. He or she was not compensated (monetarily or otherwise) for time worked.			
Supervisor Signature and Date			

**FOR OFFICIAL NHS USE ONLY**

Hours Approved \_\_\_\_\_ Date \_\_\_\_\_ Hours Entered \_\_\_\_\_ Date \_\_\_\_\_