COOPER CITY HIGH SCHOOL NATIONAL HONOR SOCIETY
FALL 2009 SERVICE VERIFICATION FORM

Please PRINT or TYPE clearly. Write your name COMPLETELY AND EXACTLY as it appears on official documents.
Do not fold, spindle, or mutilate this document.

First Name: Family (Last) Name:

Section A: NHS Service - A total of ten (10) hours are required this semester. At least two (2) of these hours must be in Faculty Assistance, and at least one (1) must be in Tutoring. The balance to complete the ten (10) hour requirement must be fulfilled in at least two (2) other NHS projects (only those which are mentioned at meetings or in official NHS E-Mail). NHS project hours may only be verified (signed for) by elected NHS officers or the NHS Advisor.

Part I: Faculty Assistance - Two (2) Hours Required This Semester

Date	Faculty Member	Room #	Hours	Faculty Signature
PRE-PLANNING ASSISTANCE: ATTACH COPY OF PRE-PLANNING VERIFICATION FORM IF POSSIBLE				SIGNATURES MUST APPEAR ON VERIFICATION FORM

Part II: Tutoring - One (1) Hour Required This Semester

Date	Tutoring Sponsor (NHS, Mu Alpha Theta, etc.)	Hours	Authorized Signature

Part III: NHS Projects - Two (2) Additional Projects Required This Semester. Use this as additional space for Parts I & II if necessary.

Date	NHS-Sponsored Project	Hours	Authorized Signature

Section B: Community Service - A total of twenty (20) community service hours are required this semester. At least fifteen (15) of these must be a component of your individual service project, as described in the Broward County National Honor Society Pamphlet you received with your Application for Membership. This project is your primary ongoing community service, and in almost all cases is something you already do or are involved in (you did serve the community prior to membership, now you just need to think about it and write it down). These fifteen (15) hours need not be performed at the same physical location.

Date	Description	Indiv. Proj. (Y/N)	Hours	Authorized Signature

Section C: Totals

NHS Project	NHS Hours	Minimum
Faculty Assistance		2
Tutoring		1
NHS SVC. TOTAL		**10**

Community Service	Comm. Svc. Hrs.	Minimum
Individual Svc. Project		15
Other Comm. Svc.		
COMM. SVC. TOTAL		**20**

Photocopy this document prior to surrendering the original, for your records and in case of error in NHS recordkeeping. By signing below you:

A) Certify that you are the person whose name appears on this document

B) Certify that you truthfully detailed only service you personally performed

C) Certify that said service occurred entirely within the open hours of the location and involved only legal activities relating to official business with the authorization of location administration/officials

D) Understand that the penalties for falsification, misrepresentation, and forging on NHS documents are severe and will be strictly enforced

E) Agree to all policies and procedures, formal and informal, used by NHS and/or any of its representatives to verify service

X_____ DATE ____/____/_____