



CHARACTER • SCHOLARSHIP • LEADERSHIP • SERVICE

Student Name: _____

Grade Level: _____

Location & description of Activity	Volunteer Coordinator's Name, Contact info		Date	Hours Type & Qty (✓, #)		Signature of Volunteer Coordinator
	name	Contact info		Individual	Chapter	

I understand that character and honesty are core values of the National Honor Society. As such, I affirm that the hours I am submitting are true, correct and were performed solely by me and signed by an authorized representative of the non-profit. I understand that if my hours are found not to be a true or accurate representation of the service I provided, my membership in NHS may be revoked.

Signature: _____

Date: _____