



National Honor Society



Volunteer Activity Verification Form Central High School

Name _____ Activity Date _____ ID # _____

Check One:	Length of Activity (hours) _____
<input type="checkbox"/> Group Activity	<input type="checkbox"/> Individual Hours

How did you contribute? _____

Name of Organization _____

Activity Supervisor's Name (printed) _____

Activity Supervisor's Signature _____

Date _____ Activity Supervisor's Phone Number _____

Additional Contact Information (email) _____

NHS Member's Signature _____ Date _____

For NHS Advisor / Officer use only.

Activity Verified Activity Recorded

Form is due one week after the activity has been completed.