

Name: _____

CANDIDATE FORM FOR SERVICE - (NOTE THIS IS NOT AN APPLICATION FORM)

Fill in service activities that you have completed from September 1st of 2019 through October 1st of 2020. These can be projects done with a group either in or out of school or projects done as an individual. **Service activities may not be submitted which were done as a requirement of membership in a particular, civil, or religious organization.** Service activities are those that are done for or on behalf of others (not including family members, boyfriend, or girlfriend) **for which no compensation** (monetary, grade, credit or otherwise) has been given. Give details about the service you performed. Signatures of relatives will not be accepted as proof of service. The **completion of the form does NOT guarantee selection to NHS.**

Activity and Description of Service	Total Number of Hours	Advisor/Adult /Signature (Please sign below to verify that the service was completed as described to the left. Do not sign if the service was required or compensation was given.)	Contact Phone Number

Total Number of Hours listed on this form: _____ **(Submit additional forms as needed)**