

National Honor Society
St. Albert High School

Verification form- Service

To be completed by the student:

Candidates name _____

Who is completeing the verification _____

Service Location _____

| Dates | | | | | | | | | | Total Hours |
|-------|--|--|--|--|--|--|--|--|--|-------------|
| Hours | | | | | | | | | | |

Events, Responsibilities, and Achievements

To be completed by the Service Moderator:

1. Are there any changes or additions to the information provided above? Yes ____ No ____
If yes, please provide and explanation on the reverse side.

2. Check the most appropriate evaluation of the student's involvement.

- _____ This student was an active participant during service
- _____ This student showed up and did as directed
- _____ This student was an issue during service

3. Any comments?

Service Coordinators Signature _____