

Last name:

CRHS Hours
for officer use only

Community Hrs
for officer use only

Individual Community Service Description

Your Name: _____ Class: 2010 / 2011
(CIRCLE)

Date(s) of service _____ How many hours: _____

Organization/Individual served / Who benefited from this service?

Describe the project: (What service did you perform?)

Did you organize this project? _____ If not, who organized it?

Do these hours follow NHS Guidelines? _____

Is service eligible for credit from any other organization (except CATS?) Credit may include attendance, points, rank advancement, or any representation for another organization.

What did you learn about yourself while completing this project?

What did you learn about other people?

Name of adult who can verify service

Email or phone number of adult who can verify service

_____ (zero to 1/2 credit given for unverifiable service or improper contact info)

Submit completed form to NHS each time you complete service.
For cumulative service to a single beneficiary, please submit each month.