



# CARMEL HIGH SCHOOL

30 FAIR STREET • CARMEL, N.Y. 10512 • 845-225-8441 • FAX 845-228-2307

PRINCIPAL  
LOUIS T. RIOLO

ASSISTANT PRINCIPAL  
JOHN FINK

ASSISTANT PRINCIPAL  
LAUREN SANTABARBARA

ASSISTANT PRINCIPAL  
BRIAN PIAZZA

## National Honor Society Community Service Verification Form

**BEFORE COMPLETING PLEASE SEE REVERSE FOR COMMUNITY SERVICE GUIDELINES**

Student Name (please print): \_\_\_\_\_ Current Grade: \_\_\_\_\_

Hours Completed: \_\_\_\_\_ Date of Service: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Completed forms must be placed in the NHS mailbox  
by 1:50 pm within 10 days of completion of the service.**

I volunteered at/for (ex: Guiding Eyes, Kent Library) \_\_\_\_\_

Description of volunteer services:

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Was this activity a requirement for another club/organization? Yes No

If yes, please specify: \_\_\_\_\_

Was this volunteer work done for a member of your family? Yes No

Per NHS Community Service Guidelines, tutoring other than SAS and GFMS with Mrs. Gentile requires NHS advisor pre-authorization.

Person verifying community service:

\_\_\_\_\_  
Name (Please Print) Signature Date

Organization: \_\_\_\_\_ Telephone/e-mail: \_\_\_\_\_