



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:

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: _____