



# CARMEL HIGH SCHOOL

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## National Honor Society Community Service Verification Form

### REFER TO COMMUNITY SERVICE GUIDELINES BEFORE COMPLETING

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 peer tutors requires NHS adviser pre-authorization.

Authorized organization representative verifying completion of community service:

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

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