



The number of
hours served goes
here:

Community Service – NHS – Application/Evaluation

NHS _____

COMMUNITY _____

Volunteer's Name _____ Class of _____ (year you will graduate,
make sure you enter this!)

Name of Agency _____

Address of Agency _____

Telephone Number of Agency _____

Supervisor's Name _____

Dates of Service: From _____ TO _____
(Month day year (month day year))

COMMENTS: (please use the space below to describe the service performed)

For National Honor Society

Sponsor's Evaluation: (please circle appropriate rating 1=poor, 2=good
3=excellent)

- | | | | |
|----------------------------------------------------|---|---|---|
| 1. Volunteer arrived and left on time. | 1 | 2 | 3 |
| 2. Volunteer was helpful, thorough, and efficient. | 1 | 2 | 3 |
| 3. Volunteer followed directions carefully. | 1 | 2 | 3 |
| 4. Volunteer had a positive attitude. | 1 | 2 | 3 |
| 5. I recommend his/her service to others. | 1 | 2 | 3 |

Signature of Volunteer _____ Date _____

Signature of Parent/Guardian _____ Date _____

Signature of Supervisor _____ Date _____

