

Montclair High School NHS Community Service Form



Student Section (completed by student)

Student Name _____ Grade _____

Project or Organization Name _____

Date of Service _____

Description of Service Performed _____

Reflection on Service (three sentence minimum)

- How did your service benefit the community? Who did you help, and why did they need help?
- What did you learn from your service?
- What was rewarding/challenging about your experience?

Supervisor Section (completed by supervisor)

Name _____ Total Service Hours _____

Signature _____ Date _____

Organization _____ Email/Phone _____

Comments:

For NHS community service guidelines, please see Google Classroom.
Return this completed form to Ms. Buel in Room 207, Ms. Leschak in Room 219 or at the
NHS meetings.

**Please remember 22 hours total are due by the end of your senior year (2 hours must be tutoring community service)*