

Student Name _____

NATIONAL HONOR SOCIETY SERVICE VERIFICATION FORM: *In consideration of the opportunity for the student listed below to participate in the National Honor Society service program and fully recognizing that such an undertaking involves an element of risk, I assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify, and agree to hold harmless O’Gorman High School, its agents, employees, organizers and sponsors. *Parents must sign the verification form prior to the beginning of any service work.**

**Signature of Parent/Guardian*

**Parents must also initial the verification form prior to the beginning of any service work.*

Parent Initials	Date	Location	Description	Hours	Supervisor Signature – CANNOT BE SIGNED BY PARENT	Supervisor’s Phone #

I have fulfilled the above National Honor Society Service hours to the best of my ability and in accordance with the guidelines outlined in the NHS requirement packet.

Student Signature