

II. Community Service

Please list only those activities in which you were an active, participating member of your organization. Please fill out completely.

ACTIVITY NAME	9	10	11	12	Hours per Week	Total Hours per Year	Printed Name of Advisor/Director/Coach And Phone Number	Advisor/Director/Coach's Signature
Description of Community Service Provided:								
Description of Community Service Provided:								
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ACTIVITY NAME	9	10	11	12	Hours per Week	Total Hours per Year	Printed Name of Advisor/Director/Coach And Phone Number	Advisor/Director/Coach's Signature
Description of Community Service Provided:								
Description of Community Service Provided:								
Description of Community Service Provided:								

VII. Student's Signature: _____

Your signature attests to the fact that all information provided by you is true, that you are in agreement with the requirements of membership for all National Honor Society students, and that you will strive to maintain the standards/selection as members of The Helm Chapter of Southern Regional High School and the National Charter.

VIII. Parent's Signature: _____

Please sign when you have read the Student Information Packet which details the selection process, profile of a National Honor Society member and chapter expectations.

Paragraph of Introduction: As a word processing document and using the information included on this form, write a paragraph introducing yourself to the Faculty Council. Attach it at the back of the application.